

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: NC-507 - Raleigh/Wake County CoC

1A-2. Collaborative Applicant Name: Wake County Government

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Wake County Government

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	
-------	--	--

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	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
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	
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	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	1
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	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	
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)	Yes	
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	1
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.	Veteran Administration Medical Center(s)	Yes	1
47.	Managed Care Organization	Yes	1

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Wake County CoC (NC 507) solicits new members throughout the year and has a rolling application process for CoC Membership that is publicly posted. The CoC holds monthly membership meetings that are open to the public and where staff provide information about the application process, the benefits/responsibilities of membership, and encourage nonmembers to join. CoC staff/Board members attend civic, community, and public meetings/events to provide information about the CoC and encourage new membership and/or participate to engage stakeholders, faith-based community, or people interested in preventing and ending homelessness. The CoC has a dedicated Nominations Committee that meets monthly to review and approve new members from area agencies, advocates, people who are homeless or formerly homeless, developers, and key stakeholders to increase community participation. The CoC membership application is available on the CoC's public website and referenced in the weekly newsletter. In addition, CoC staff regularly attend community meetings and events to share and present information about the CoC, develop partnerships and invite new members. This includes but is not limited to presentations across the Wake CoC's geographic area including regional service centers, county/city government meetings, health care services, business events, and faith congregations. Wake CoC Membership currently consists of representatives from over 80 organizations and approximately 30 unaffiliated individuals dedicated to collaboratively preventing and ending homelessness.[ER1.1] Lastly, per the CoC Charter, members are asked to annually renew their CoC membership so the CoC can ensure active participation, voting, and communications. This is also an opportunity for members to connect to Committees and take on leadership roles to ensure active representation and transparent governance across the CoC.

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

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

Wake CoC maintains a comprehensive strategy and transparent process to solicit and consider opinions on the approach to prevent and end homelessness. The CoC is committed to facilitating a community driven process for evaluating performance and setting CoC priorities. The CoC solicits, consider opinions, and acts on feedback from service providers, unaffiliated individuals, the CoC membership, local government, healthcare, the faith community, Veteran Service providers, local business, and other stakeholders that have knowledge of homelessness or an interest in preventing and ending homelessness. During the transition of the CoC Lead Agency in 2024/2025 and substantial redesign of the Governing Board and Charter, the CoC restructured its policies, procedures, committees and workgroups to promote access, transparency and additional avenues for feedback on CoC performance, strategies, and priorities. CoC Membership meetings and Committees are open to the public and materials are posted to the CoC website. The CoC maintains a central email address and conducts regular surveys to solicit feedback and guidance from the CoC Membership and the broader community and at the state level. Additionally, the CoC, its staff and Governing Board leadership regularly attend and participate in civic, community, and public meetings/events in person and virtually to share about the CoC and solicit feedback through public engagement, virtual forums, or panel discussions. The CoC actively engages a broad array of individuals and organizations, impacted communities/business, coalitions, and government in a variety of forums in the CoC, the region, and state to solicit and consider opinions from agencies, advocates, currently or formerly homeless persons, treatment providers, housing developers, faith leaders, and other key stakeholders to increase community understanding of homelessness. These engagement efforts include but are not limited to Citizens Advisory Councils, Regional Service Centers, healthcare forums, faith congregations, homeless service client town halls, law enforcement strategy sessions, multidisciplinary action teams, as well as elected officials through City Council, Town Manager and County Board of Commissioner meetings. Feedback collected through these mechanisms has informed CoC annual policy reviews, Committee Work Plans, extreme weather response plans, strategic planning to address encampments, integrate treatment/recovery, and target available resources.

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

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.
--

(limit 2,500 characters)

Wake CoC actively and transparently engages, accepts and considers proposals from organizations not previously awarded. 1) The CoC holds open informational sessions prior to the release of the NOFO to improve understanding and engagement with organizations not previously awarded. Sessions focus on CoC funding processes and Local/HUD priorities which allow the CoC to engage current and potential applicants including faith-based, transitional housing, street outreach, and treatment focused providers. 2) The CoC issued an Intent to Apply on 05/29/26 and advertised it via the CoC webpage (wakenc507.org), CoC membership listserv, weekly newsletters, and announcements at public, Membership and Committee meetings. The Intent to Apply was not required so as not to limit actual proposals. This promoted engagement of new agencies in funding conversations, project eligibility/design, HUD/CoC requirements, and next steps to apply. 3) On 06/15/26, the CoC issued the FY2026 CoC Local Competition Notice which outlined the process for new/renewal projects to apply. It was published on the CoC website, the weekly newsletter and emailed directly to grantees and agencies who responded to the Intent to Apply. The CoC Collaborative Applicant (CA) provided an overview of the NOFO at 06/20/26 CoC Membership meeting, including the CoC's project scorecards, corresponding local applications, reallocation policy, ranking and review policy, and competition timeline. The CoC CA held weekly technical assistance drop-in "office" hours to assist with application logistics and/or e-snaps issues. Individual Technical Assistance was also provided upon request to support new applicants. Reminders were sent via email, posted, and sent in the weekly newsletter. Applications were due electronically via Smartsheet form on 07/10/26. 4) The CoC Funding Review Committee (FRC) was briefed on the FY2026 NOFO requirements, priorities and newly eligible project types. The FRC is responsible for reviewing and scoring applications based on the corresponding scorecard. The FRC did not set any additional minimum or threshold requirements aside from the HUD requirements detailed in the NOFO (Section II. Eligibility). The FRC ranked projects based on score consistent with the CoC Ranking and Review Policy. This ultimately led the FRC to reallocate funds from two underperforming renewal projects to fund at least three new projects including one faith based and recovery focused transitional housing project.

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

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

(limit 2,500 characters)

The CoC incorporates comprehensive strategies for reducing homelessness, including interventions in 42 U.S. Code § 11386b(d) and other targeted projects for subpopulations. To build on existing system infrastructure and maximize use of leveraged local funds, the Wake CoC has launched a plan (Wake at Home) to address unsheltered homelessness and encampments/street sleeping while targeting efforts to increase rapid exit from shelter. 1) The CoC used annual system performance data, monthly inflow, outflow, and project specific utilization trends to promote discussion and feedback around primary gaps identified: unsheltered homelessness, first time homeless, and length of time homeless. Focusing on these gaps allows the CoC to reduce over-reliance on permanent subsidies while maximizing system efficiency. 2) The CoC has engaged subpopulation specific providers and partners to adjust the plan accordingly. For example, as street outreach teams systematically assess encampments, they identify clients in need of treatment, medical intervention or other considerations like Veteran or sex offender status. This then informs continued engagement and appropriate referrals to available resources. 3) The CoC monitors progress against quantifiable performance measures associated with each gap and is working to produce real time data dashboards. Progress through FY26/CY26 will be reflected in an annual report delivered to the CoC Governing Board and Membership. 4) In terms of timeline, the CoC is surging efforts to address encampments through the end of CY27. Daily, weekly and monthly action steps and project plans are maintained and facilitated by the CoC Lead Agency and advanced across committee and leadership meetings, case conferencing and complex case reviews. 5) Wake at Home has identified and will leverage new and repurposed local government funds to rapidly divert, rehouse, and provide supportive services to people moving directly from streets to shelter and housing. Wake CoC anticipates award of FY24/FY25 HUD YHDP funds to increase transitional housing and access to supportive services for Transition Aged Youth. Funds will allow the CoC to continue leveraging existing resources allocated through PHAs and parallel service systems; 6) The CoC Department, within Wake County Government, serves as the staff to the Wake CoC and its Governing Board. As Lead Agency and Collaborative Applicant, Wake County is responsible for overseeing strategy implementation.

1B-5a	Confirmation of Plan Coverage.
-------	--------------------------------

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

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

1C. Coordination and Engagement

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

- 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

	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?	10%

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)

Not Applicable. NC-507 is not a designated rural CoC.

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

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

(limit 2,500 characters)

The CoC partners with and has projects that connect individuals and households to outpatient treatment for mental health and substance use disorders across a range of care options, interventions, medication and recovery supports. A strong demonstration of this partnership exists at the largest Coordinated Entry (CE) access site and day service center, Oak City Cares (OCC). OCC serves a significant portion of the population experiencing homelessness in the Wake CoC geographic area providing basic needs like meals, showers, laundry as well as assessment and care coordination for housing, connection to health care, and other services. On a weekly basis, OCC has mental and behavioral health support on site provided by SouthLight Healthcare and AMAE Health. Having these providers on-site reduces barriers in accessing available medical, mental health and substance abuse services/treatment. Additionally, the CoC and its network of providers partner with: Monarch NC, Cottage Health Care Services, First Step Services, Wake Brook Recovery Center, UNC Horizons, Welwynn Outpatient Services, Healing Transitions and Alliance Health to support client access to a range of services from crisis response, suicide prevention, medication assisted treatment (MAT), and outpatient treatment and recovery supports. Housing providers also have established partnerships with a variety of outpatient treatment services. For example, the CoC-funded Wake County PSH program offers supportive service with clinical team members who provide behavioral health support to persons needing mental health treatment and are experiencing homelessness. This team is supported by a psychiatrist who determines eligibility and ongoing assessment for treatment, medication management, therapy and case management.

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)

Wake CoC partners with and has projects with access to or embedded peer support and recovery navigation. This exists on a variety of levels, including peer dedicated positions, recovery and housing navigation supports and other group or peer engagement efforts. Nearly all CoC participating providers have peer dedicated positions on their program and organizational teams, or a plan to develop peer capacity and opportunities in their organization. Dedicated treatment and recovery providers introduced new or expanded peer services over the last year including SouthLight Healthcare's Peer Drop In Center, Promise Resource Network and Wake Monarch. These three programs provide recovery-focused environments, connection to resources, and workforce development opportunities for youth and adults. These partners closely coordinate through the Wake County Overdose Prevention Coalition and collaborate with the homeless services system. In addition, Voice Therapeutic Solutions is launching the first Registered Apprenticeship Program for Certified Peer Support Specialists (CPSS) in North Carolina. This program will expand capacity for CPSS training and experience in a variety of settings. Amongst the projects proposed under this FY26 NOFO, Wake CoC includes three projects that focus on peer support and recovery. Triangle Family Services SSO project: Two housing case managers, a program supervisor and a peer support specialist provide individualized service plans, home-based tenancy support, landlord mediation, benefits enrollment, employment and job-training connections, transportation and life skills. Triangle Family Services' SSO project: licensed therapists provide mental health services, and staff link participants to SUD treatment and recovery through Healing Transitions and other providers. Haven House Services' TH project: provides community engagement through structured group activities and peer support designed to build social connection and recovery support. InterAct's DV RRH project prioritizes safety, choice and confidentiality through engagement strategies including warm handoffs, ongoing follow-up, motivational interviewing, peer support groups and survivor centered care to promote housing stability. Lastly, Raleigh Dream Center, as a recovery focused transitional housing program, provides structured supportive services including individualized counseling, peer accountability, employment readiness and financial literacy.

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 CoC identified individuals experiencing Severe Mental Illness (SMI) through its Coordinated Entry System (CES) implementation and access sites located strategically across the community as well as through its street outreach teams that engage with individuals experiencing unsheltered homelessness. The Wake CoC has demonstrated partnerships with agencies like Alliance Health and Alliance of Disability Advocates (ADA) who connect clients with Serious and Severe Persistent Mental Illness (SMI/SPMI) to supports including safe and affordable housing. Alliance's Transitions to Community Living (TCL) program supports clients living in or leaving facilities to live and thrive in the community. TCL has a recovery-based philosophy of care, meaning support promotes wellness and better, long-term health outcomes. SOAR Specialists are integrated across the service system to increase access to disability income programs for eligible clients experiencing/at risk of homelessness and have a mental or physical diagnosis with debilitating symptoms. The Wake County ANCHOR Team offers behavioral health support to persons who are mentally ill and homeless. The team provides outreach, assessment, assistance with housing access and on-going support to maintain housing through medication management, therapy and case management. The Homeless, Engaging, Assistance, Resource, Team (HEART) engages with unsheltered individuals with Severe Persistent Mental Illness (SPMI) to provide direct services and resources. HEART ensures those least likely to seek assistance have avenues to seek assistance and service support. Under the Wake at Home initiative, the CoC is building a complex care coordination process between homeless service providers and treatment and recovery service providers to establish care plans that promote stability. This multidisciplinary team includes Assertive Community Treatment (ACT) teams like Ellwyn who have established care in the jail/detention center and provide continuity of care support for individuals who are involved in multiple systems.

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)

As a department embedded in Wake County Government, the CoC Lead Agency has a natural partnership with the Wake County Recovery Court program. The program is a specialty court for adults with substance use dependency to receive treatment and to achieve recovery. It consists of probation supervision, treatment, drug/alcohol testing, case management, bi-monthly court sessions with the recovery court judge/team with the goals of reducing recidivism, increasing safety and reducing community costs.

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)

After significant system transition in 2024-2025, the Wake CoC Lead staff, which now includes dedicated CE team members, the CoC will formalize coordination with the Wake Recovery Court Program and build on existing efforts with the 'Familiar Faces' project efforts to support housing stability and movement toward independence. The Wake County Recovery Court (drug treatment court) is for adults involved in the criminal justice system because of a substance use disorder. The goals of the program are: to work with offenders that have SU and MH disorders to remain drug free; reduce recidivism/returns to criminal justice system; reduce social and health costs to the community; and increase community safety. Individuals must be convicted of misdemeanors or felony offenses with a suspended sentence of at least 180 days and sentenced to probation; classified as high-risk/ high need as determined by the Ohio Risk Assessment screening (ORAS) assessment; and have a substance use disorder diagnosis; be willing to reside in a sober living environment if court-ordered; participate in approved program for medication-assisted treatment (MAT) and medications for Opioid Use Disorder. The Familiar Faces Collaborative aims to improve the health/wellbeing of the CoC's most vulnerable by meeting needs through a holistic approach. The program serves as an initial call, triage level, and follow-up response team, working to identify, engage, and assist unsheltered individuals in the CoC. The team provides resources about mental health, SU treatment, trauma-informed care, integrated care/care coordination, by utilizing community, county, and state resources and a shared data platform to help divert unsheltered individuals by offering transportation services to individuals in need of reunification, shelter, urgent care services, treatment, and housing options. The Wake CoC's CE team will look to merge efforts across the court system and Familiar Faces, focusing on intersecting populations of health, housing, public safety, and treatment courts to facilitate case review for recovery court persons identified as homeless. In addition, the CoC is evaluating its HMIS policies and procedures to update data sharing practices with parallel service systems to ensure client privacy while maximizing care coordination and community resources. Lastly, the CoC and Wake County Government have explored immediate options to advance housing stability and movement to independence.

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

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

(limit 500 characters)

The CoC has three partnerships with crisis care: Raleigh ACORNS Unit pairing social workers with officers assisting residents facing mental health/substance dependency; MORES (Mobile Outreach Response Engagement Stabilization) serving ages 3 to 21 experiencing heightened emotional/ behavioral health needs; and Alliance Health Behavioral Health Crisis Line for clinician connection and/or dispatch mobile crisis services. Individuals also can call 988 for 24/7 access to crisis specialists.

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.	5

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

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

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

(limit 500 characters)

The CoC maintains an active partnership with the PATH provider operating across the CoC's geographic area, Veterans Services of the Carolinas (VSC). The VSC PATH team participates and demonstrates leadership in the CoC Street Outreach Committee, taking on referrals and engagement assignments for individuals with behavioral and mental health needs including substance use. The CoC also works closely with SouthLight Healthcare who is on the path to certification as the first CCBHC in Wake County.

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)

Under this FY26 NOFO, the Wake CoC is submitting a new project, the Raleigh Dream Center (RDC). The RDC operates a sober housing program in accordance with 24 CFR 578.93(b)(5) and the goals, standards and requirements of a TH project. In addition to other public and other faith-based recovery groups, RDC operates a residential recovery program. The CoC looks forward to partnering with RDC and as they establish a new TH project to serve people experiencing homelessness and addiction.

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 coordinates with outpatient treatment providers, peer support and recovery navigation, drug and specialty courts, local crisis systems, behavioral and mental health facilities, and sober housing to facilitate warm hand-offs and prevent entry into homelessness in three key ways. 1) The CoC engages treatment and recovery service providers to become official CoC Members to ensure cross collaboration and understanding of resources across the homeless services from prevention to housing stabilization. 2) The CoC works with treatment and service providers to evaluate becoming HMIS and Coordinated Entry participating either to receive or make referrals according to the HUD definitions of homelessness and CoC prioritization of resources. 3) The CoC is working collaboratively with service providers to map system resources, identify pain points and gaps particularly at service referral and handoff intersections. This allows the CoC and its multidisciplinary partners to strategize around solutions, improve data sharing, and educate the community on the availability of affordable and stable housing.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$5,973,649
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.	\$2,908,454
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	49%
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.	\$1,270,544
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).	70%

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 Wake CoC consults with ESG Program recipients in the planning and allocating of ESG Program funds in three key ways: 1) ESG Program recipients are required to be CoC Members in good standing via participation and voting in CoC policies, procedures and priorities; 2) ESG Program recipients' participation through CoC Committees and Workgroups focus on CoC priorities and issue areas – i.e. shelter system design and coordination, street outreach services, etc. 3) Direct engagement of ESG Program recipients through a quarterly grantee meeting focused on ESG program requirements, guidance, training and feedback throughout the year. In addition to the CoC facilitating the local ESG competition, Wake County Government and City of Raleigh receive ESG funds directly as entitlement jurisdictions. These bodies actively participate in the CoC and consult CoC and ESG Funded providers in the planning allocating of ESG Program funds through the annual Consolidated Plan process. The CoC supports this engagement through dedicated time at the CoC Membership and Committee meetings, as well as surveys and feedback forms distributed through the CoC newsletter.

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 shelter providers to connect individuals and families with CoC assistance in several ways. 1) The Coordinated Entry (CE) team regularly trains shelter providers on CE assessment and referral practices. This includes a targeted review of individuals and families who are residing in Night by Night or Drop In shelter, their length of stay, income, etc. to inform next steps; 2) CoC coordinates referrals to residential/temporary shelter programs from the Night by Night/Drop In shelters to promote system flow, maximize shelter bed utilization; 3) CoC coordinates referrals from all emergency shelter types to available transitional housing vacancies for those that can not be diverted from shelter or otherwise rapidly exited from shelter. 4) CoC works collaboratively with emergency shelter providers to review data and plan for extreme weather response. 5) Engagement in strategic planning and system improvement efforts to improve shelter quality and performance. Following the transition of the CoC Collaborative Applicant/Lead Agency in 2024-2025, the CoC has also been more intentional in engaging other small and privately funded shelters to support connection to the CoC network and ensure there is accurate tracking of the ongoing need. Engagement includes support related to HMIS and CE System engagement as well as system training and coordination.

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 Wake CoC HMIS Privacy Notice and Policies and Procedures are clear in the allowable and restricted instances in which Personally Identifiable Information (PII) may be shared. The current policy permits that data may only be shared with designated partner agencies as explicitly consented by the individual and for the purposes of care coordination. However, aggregate and system level data and trends including PIT, HIC and System Performance data with state and local government is allowed and intentional. The CoC provides regular progress reports across the community, including through local government municipalities, elected official requests, CoC Membership and Committee meetings and with the CoC Governing Board to inform decision making and track performance to guide priority setting and funding decisions. On a state level, the CoC provides reports to the[re13.1] NC Department of Health and Human Services (NCDHHS), who administers NC ESG dollars and leads the NC Interagency Council for Coordinating Homelessness Programs (ICCHP). The Council is made up of state officials, housing and community development leaders, advocates and other stakeholders to align programs and funding, support system integration and leverage resources. In addition, CoCs across North Carolina are working to establish a statewide data warehouse and comprehensive sharing agreement to enable cross-CoC sharing and coordination. The Wake CoC is also looking at sharing data at a regional level with NC513 and NC502 and aims to coordinate Point-in-Time counts, dates, develop a regional report for SPMs and explore strategies to reduce service duplication and increase system awareness.

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 Wake CoC works closely with health care partners and law enforcement to utilize data sources alongside HMIS to improve care, according to what is permissible by law and covered by appropriate sharing agreements and client consent. There are current and planned use cases for multiple data sources to inform and improve care, particularly those trained and collaborating through the network of Wake CoC Coordinated Entry. Current projects/use cases include but are not limited to 1) data sharing with Managed Care Organizations (MCOs) to identify high system utilizers for targeted outreach, assessment and care planning; 2) healthcare and hospital service teams' integration to understand ER visits or hospitalization status – i.e. coordination with the WakeMed Homeless, Engaging, Assistance, Resource, Team (HEART) team; 3) Familiar Faces Health Collaborative between Wake County Government, WakeMed Health & Hospitals, Duke University Health System, and UNC Health to provide integrated health services to vulnerable individuals with complex needs and who have frequent interaction with crisis systems; and 4) Coordination with law enforcement to understand public safety incidents and concerns when assessing encampment and unsheltered locations. While real time and active data dashboards are not yet in place, the CoC is formalizing its HMIS agreement structure and is centering data sharing capabilities in its procurement process for a HMIS software vendor.

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)

Capital Area Workforce Development (CAWD) partners with the CoC and its network of providers to create a variety of opportunities and connect clients to local specialized training programs (CDL, HVAC, etc.), apprenticeship, educational resources, and career planning. These pathways foster partnership with local businesses ensuring individuals currently or formerly homeless have access to workforce training, professional development and employment opportunities.

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

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

(limit 2,500 characters)

The community cooperates and does not impede local efforts related to public safety and assists first responders in providing services to homeless population. 1) coordinate with local agencies to clear encampments on public property prioritizing service connection. E.g. communication with Dept. of Transportation to identify high risk locations. 2) decrease public use of illicit drugs and quickly connect homeless persons with services and/or law enforcement. E.g. detox or other respite options. 3) utilize involuntary commitment and other standards to address people who are a danger to themselves or others. E.g. connection to PATH outreach for ongoing support and services. 4) comply with requirements of SORNA. E.g. providing education/training. Law enforcement representatives serve on CoC Board and participate in Committees focused on system improvement. E.g. Wake CoC works closely with the Raleigh Police Department (RPD) and their community engagement team, and co-response outreach team (ACORNS) which is directly involved in the CoC Street Outreach and Coordinated Entry Committees. First responders are informed about resources for people experiencing homelessness and other crises. E.g. first responders often facilitate transportation to shelter during extreme weather, connect to emergency department alternatives, detox or other respite to minimize risk of fatality and public safety concerns. 5) ACORNS, PATH and other co-response teams are not only trained on HMIS and CE procedures but actively participate in street outreach efforts with homeless service providers to increase positive engagement, consistent presence and encourage the 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 Wake CoC encourages reunification through its implementation of housing problem solving (HPS) and diversion assessments with clients at the front door via street outreach, shelter, and Coordinated Entry (CE) access sites. HPS asserts that with support, clients can reunify with families or be rehoused without an ongoing subsidy. HPS is trauma-informed and uses motivational interviewing to de-escalate people from crisis, explore options, and support return to housing retention via client strengths and support networks. While critical at first engagement (i.e. pre-screening), HPS can and should be implemented at every step in the housing stabilization process. This approach ensures CoC providers are educated and prepared to explore reunification pathways, counseling and mediation for stable and healthy relationships, from the first engagement to housing exit. Clients who are not initially interested in family mediation or reunification can become more willing to pursue reunification after repeated contact with trusted staff, utilizing the relationship-based model to move from crisis situations into reunification and long-term stability. Several CoC funded providers are also recipients of Bridge to Home (B2H) funds administered through local funds which allow front line service agencies to pay for costs to support reunification. This includes but is not limited to: travel costs, car repair, one time utility or security deposit payments, and other housing navigation to support exit to stability and reunification with support-networks. The CE process collaborates with B2H providers to promote ongoing housing problem solving and opportunities for low cost, efficient reunification opportunities.

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 CoC cooperates and does not impede local efforts related to public safety and assists first responders in providing services to homeless population. Wake CoC launched a strategic effort, Wake at Home, in July 2026 to address encampments. The initiative is focused on quickly clearing encampments through coordination with law enforcement, property owners and street outreach that covers the designated geographic area. The CoC operates a camp reporting tool where the public can report concerns and locations. CE staff and the co-response unit review submissions to engage and assess sites within 1-2 business days. Outreach teams are notified and help identify housing/connection to other services. The encampment closure process requires coordination with municipal parks and public works. The Wake CoC initiative has demonstrated recent successes in closing public spaces to sleeping including two large encampment sites, Dix Park and Eliza Pool Park. These efforts ensure that local laws prohibiting unauthorized camping and placement of temporary structures or sleeping on public property are enforced. The Wake Coc is evaluating this strategy to make improvements in future closures. The Raleigh/Wake County CoC cooperates fully with law enforcement on public safety matters, including those involving homeless sex offenders. The CoC and its providers cooperate with, assist, and do not interfere with law enforcement or co-response efforts aimed at connecting individuals cited or encountered for public camping or drug use violations with appropriate services. Providers regularly participate in coordinated outreach efforts with RPD and other first responders to ensure that individuals are engaged and connected to available housing resources.

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)

On the state level, the NC Controlled Substances Act (G.S. Ch. 90) prohibits loitering and disorderly conduct on public property, including drug activity and impeding traffic. Proposed state legislation (HB437) would create Drug-Free Homeless Service Zones, applying felony penalties for drug offenses within 100ft of shelter/housing facilities and restrict public camping statewide, requiring sanctioned sites to include behavioral health and substance treatment coordination. This enforcement structure offers an opportunity for faster diversion and connection to services for youth using drugs near facilities in our region because of effective partnerships with law enforcement. Wake County and its 12 municipalities also maintain laws, policies and practices related to camping, loitering, panhandling and public safety. This includes but is not limited to City of Raleigh (RCC) – RCC 9-2025 prohibits camping or staying overnight on any city park, greenway, street, or public property without a permit when a 24-hour emergency shelter is operated by the city or Wake County; RCC 11-2154 [Ordinance No. (2025) 768] and RCC 11-2155 [Ordinance No. (2025) 768] prevents individuals from approaching vehicles, standing/sitting/loitering on street medians; RCC 13-2007 and RCC 13-2031 restricts panhandling and prohibits pedestrian interference. Town of Cary Code of Ordinances prohibits unauthorized camping, sleeping, and erecting temporary structures like tents in public parks and open spaces, as well as open fires (Sec.24 – 6, Hours of Operation, and Sec.24-12., Open Fires). Town of Apex Code prohibits presence in public parks outside of designated hours, use of drugs or alcohol, disorderly conduct in public spaces (Sec. 15-6 and 15-7). In sum, state and local laws prohibit camping and loitering on public property. While some restrictions may disperse individuals from locations where outreach currently makes contact, potential effects can be mitigated. Our plan 1) formalize diversion agreements with law enforcement prioritizing service connection when possible; 2) expand street outreach to maintain contact with people in public spaces regardless of proximity to facilities; 3) expand partnership with crisis and co-response teams operating within our region's police departments to support cross-training and warm handoff. 4) increase exits from shelter to ensure adequate capacity to serve people moving from unsheltered spaces.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

The status and number of encampments in the geography of Wake CoC is estimated to be about 100 locations of varying size and location. Wake CoC has expanded its outreach coverage approach by zone to reduce duplication, focus on encampment engagements and improve data quality/real time understanding of unsheltered homelessness and specific camp sites. Wake CoC launched a strategic initiative in July 2026 to address encampments. Within 8 weeks, the CoC was able to close a large encampment rehousing 33 individuals and permanently closing the public space to sleeping. The initiative aims to quickly clear encampments through coordination with law enforcement, property owners and street outreach that covers designated geographic areas. Wake CoC operates a camp reporting tool where the public can report concerns and locations. CE staff and the co-response unit review submissions to engage and assess sites within 1-2 business days. Outreach teams are notified and help identify housing/connection to other services. The encampment closure process requires coordination with municipal parks and public works. The CoC sees a general reduction in encampments and unsheltered homelessness during extreme cold weather when additional overnight shelter is made available. The CoC is working to maximize its engagement with individuals who access shelter through the winter so as to reduce returns to unsheltered locations. These efforts ensure that local laws prohibiting unauthorized camping and placement of temporary structures or sleeping on public property are enforced.

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)

Similar to the laws identified in 1C-10a, the NC Controlled Substances Act (G.S. Ch. 90-95) prohibits loitering and disorderly conduct on public property, including or drug activity and impeding traffic. Additionally, municipalities within the geography of the CoC such as Raleigh, Cary, and Wake Forest utilize local ordinances related to loitering for drug activity, as well as park and property regulations to target public drug activity and ban disorderly conduct and the possession of unlawful substances within public parks and facilities. The CoC can leverage existing laws, policies and ordinances to direct its efforts to address unsheltered homelessness safely and urgently for all parties. More specifically, through the Wake at Home initiative, the CoC can leverage law enforcement data to inform locations that may be at special risk of exposure to drug deals and other targeting and therefore priority for engagement.

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)

In North Carolina, fatal overdoses fell 44% (409 to 228) and ED-treated overdoses fell 39% (1,907 to 1,228) between 2021 to 2025. In Wake County, the same geographic boundaries of the CoC, overdose deaths are down 10% for 2026 compared to 2025 at this time. Additionally, opioid overdose Emergency Department visits are down 22% for August 2026 compared to August 2025 and have trended down since 2023 overall. Overdose prevention is a critical focus of the Wake County Behavioral Health Department in its coordination with mental and behavioral health service providers as well as substance use recovery and treatment providers. Local municipalities have also increased focus on. For example, In August 2026, the Raleigh Police Department made 35 arrests for more than 130 felony charges including trafficking and selling of controlled substances after infiltrating a network of criminal activity. Law enforcement, business owners and residents alike have emphasized resulting improvement in neighborhood safety and quality of life. The CoC is working to build on this momentum to address unsheltered homelessness and reduce the risk of exposure of vulnerable populations to illicit drug use and victimization in public spaces by actively rehousing and connection to supportive services.

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)

NC's Involuntary Commitment law (IVC) (GS Ch. 122C, Article 5) requires clear and convincing evidence of both a diagnosable condition and dangerousness. This gives providers across the CoC a defined legal threshold for intervening with people in crisis, with due process in custody, examination, and hearing steps. A new IVC law, S.L. 2025-93 expands treatment options and requires state agencies to develop new behavioral health programs to keep people connected to care. This doubles the maximum length of court-ordered outpatient treatment from 90 to 180 days, expands the use of telehealth evaluations, increases access to mobile crisis and strengthens connections to mental health care. State agencies must develop a telehealth pilot program and create a statewide plan to expand mobile crisis services. The new law will address historical barriers to access, and people experiencing homelessness in IVC being held in hospital emergency departments (ED) for days/weeks awaiting a psychiatric bed. Wake County has expanded behavioral health urgent care, walk-in stabilization services offered by multiple providers as an alternative to ED boarding, and mobile crisis teams to assess danger and route youth to appropriate care in real time. The CoC will train staff working with individuals and households experiencing homelessness to recognize risks, activate mobile crisis, or IVC, rather than defaulting to law enforcement or the ED. Pair this with warm-handoffs so persons can return to housing and services after stabilization.

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

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

(limit 2,500 characters)

The last (2016) review of NC's implementation status through the DOJ SMART Office found NC to have not substantially implemented all SORNA requirements. NC's incomplete implementation creates practical constraints on housing/service coordination. NC monitors and responds to relocation notices on the SORNA Exchange Portal, notifies law enforcement, and federal databases of changes to offenders' registration, or allows access to State law enforcement databases. NC provides direct notification of registered offenders to the public who live in proximity via immediate notation on the public website, email notification system alerts when offenders relocate into or out of a zip code or geographic radius. NC Gen.Stat.Ch.14, Article 27A require that each Sheriff's Office maintain a county registry. Registrants are required to report immediately to the Sheriff's Office in the county they reside. The offender receives a verification letter every 90-180 days, depending on the registration status and county. Sheriff Offices require frequent physical verification of offenders' addresses and authorized to verify residence at any time. The region is exploring the use of the National Sex Offender Public mobile app (NSOPW) used by NC for CE and street outreach protocols by reviewing NSOPW resources to ensure safety during encampment and coverage zones. Projects will integrate registry-related compliance into CE workflows by using available location information. The community will support homeless sex offenders in navigating legal requirements and residency restrictions that may impede placement and outcomes of the homeless system.

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)

Wake CoC uses a comprehensive approach to identify and engage individuals and households experiencing homelessness, especially those least likely to seek assistance or not otherwise engaged in services. Street outreach teams respond quickly when encampments or unsheltered persons are identified by law enforcement, first responders, businesses, partner agencies, and community members. Annually, the CoC's Street Outreach teams conduct a special unsheltered census across the CoC's geographic area (Wake County) outside of the PIT count, as part of the CoC's strategy to identify and serve unsheltered people as part of an effort to build a more efficient street outreach workflow. The CoC leverages financial assistance, supportive services, and a holistic approach to connecting those living unsheltered to necessary services in order to address the root cause of homelessness. Street Outreach teams also work with local food banks, faith-based groups, healthcare providers, libraries, and public assistance offices, to provide outreach services on site or on demand as these may be entry points for the unsheltered that are least likely to seek services. A proactive support team in the CoC, ACORNS (Addressing Crises through Outreach, Referrals, Networking and Service), comprised of paired social workers and law enforcement officers work with residents in crisis that are least likely to engage assistance, and directs them to available resources like shelter and treatment if needed. The CoC utilizes a de-centralized coordinated entry model which allows Outreach teams to meet prospective participants "where they are." Outreach teams are multidisciplinary, integrating community health workers, case managers, individuals who are currently or formally homeless, and social workers. This ensures a warm hand-off approach, transitioning individuals from street outreach workers to housing and services providers that supports a continuity of care. As outreach teams visit encampments, especially during inclement weather, team members are continuously asking for other areas/locations to visit to establish connections with those least likely to be identified. Combining the CoC's coordinated entry model, a multidisciplinary approach, Street Outreach teams, and flexibility of hours, the CoC ensures the needs of the unsheltered in the CoC are met.

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

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

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

9.		
----	--	--

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

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)

Wake CoC requires CoC and ESG funded providers to inform families and youth who are experiencing homelessness of their eligibility for educational services under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) and Every Student Succeeds Act (ESSA). The CoC has an approved policy that meets the requirements outlined under the Acts and the NC General Statutes (§115C-378) that was adopted in November 2024 and is reviewed annually and is embedded in the CoC's Written Standards. This policy provides clear guidance to providers and requires that education access and information on the rights of homeless children and youth be disseminated in all program intakes. The information assists all programs as they coordinate access to educational services for households experiencing homelessness or at-risk of homelessness under the Acts requirements, meaning: every parent, guardian or custodian having charge/control of a child between 7 and 16 years must enroll the child in school/home school that is of appropriate for age/grade level; provide the parent, guardian, and unaccompanied youth with information on school enrollment and their rights under the legislation to remain at the school of origin (base school), if feasible and chosen; to be immediately enrolled regardless of the availability of previous school records/health records/birth certificates/or proof of residency; the contact information for the Local Education Agency (LEA), or school social worker and/or the school's or district's McKinney-Vento Liaison; provide or make arrangements with the school's transportation service coordinator if requested; and to facilitate engagement in school-based services that are consistent with the student's needs. Each of the public schools in the CoC has a primary McKinney-Vento School contact for parents/guardians/providers that works directly with the McKinney-Vento Liaison for the Wake County Public School System to ensure students/prospective students covered by the Acts have access to the same programs and services that are available to all other students, including supplemental educational services. In the CoC, program staff may also connect households with a local program, Project CATCH, that provides youth-focused services to children aged 0-18 experiencing homelessness and works with homeless shelters/programs to ensure they can identify and address the specific needs of the children in their care to support educational development.

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)

Wake CoC and providers within the CoC have strong partnerships with foster care and child welfare services to assist youth transitioning from public systems of care. Youth exiting foster care or juvenile justice are prioritized for designated resources within the homeless services system and must be appropriately identified. The HMIS/CE pre-screening tool includes general indicators for system involvement, including any active or current open cases while the CE youth assessment dives deeper to understand ongoing impacts to housing stability and other factors for self-sufficiency. Service providers completing screening and assessment may have additional information from the referral source – i.e. youth aging out of foster care, juvenile detention, etc. This partnership allows youth-specific service providers to assist in exit planning for youth transitioning from care when reunification, independent placement or other stable options are not possible. Wake CoC and providers work with PHAs to utilize Family Unification Program (FUP) Vouchers, including Foster Youth to Independence (FYI) Vouchers. E.g. Hope Center at Pullen (HCP) has successfully leased up over 30 youth with these vouchers, providing critical stability for a very vulnerable population. Providers work with affordable housing providers in the community to create new or leverage existing affordable units to support youth exit to independence and/or lease in place following temporary housing and rental supports. E.g. HCP partnered with Wake County, City of Raleigh and CASA affordable housing developer to build a 9-unit apartment building dedicated to youth transitioning out of foster care. These same providers maintain strong partnerships with public school systems and local community colleges, where youth are connected to their next educational step—finishing high school or equivalency, pursuing a certificate, trade, or degree. Providers meet regularly with school system for referrals, and once youth are enrolled, monthly meetings with community college staff monitor progress and address challenges.

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)

All RHY-funded projects, primarily administered by Haven House Services, within the geographic bounds of the Wake CoC participate as integral programs and organizations in the CoC network. RHY providers are formal CoC Members, leaders in CoC Committees such as the Youth Advisory Board, and essential in the Wake CoC's representation on planning bodies such as the through the HUD Youth Homelessness System Improvement (YHSI) grant awarded to the region and neighboring CoCs in FY2023. Building on this momentum, particularly during the transition of the CoC Collaborative Applicant/Lead Agency, RHY providers demonstrated leadership and expertise in supporting the CoC's application to the FY2024 and FY2025 HUD Youth Homelessness Demonstration Project (YHDP) in August 2026. RHY-funded services are embedded in HMIS and Coordinated Entry processes within the CoC, making them the "go to" for youth and young adults experiencing homelessness. Haven House Services operates a Basic Center Program, called Wrenn House, as well as a Street Outreach program to meet the immediate needs of runaway and homeless youth.

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)

The Wake CoC Priority Listing includes one renewal RRH project and three Transitional Housing projects that will exclusively serve families with children experiencing homelessness in Wake County. The projects will provide apartment-style temporary housing and individualized supportive services to help families obtain permanent housing, increase income, and build long-term stability. Two additional projects primarily serve families with children experiencing homelessness.

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)

All three of the family dedicated Transitional Housing projects, proposed by Family Promise of Wake County and Families Together, will serve families facing barriers such as low or unstable income, unemployment, eviction history, rental debt, limited childcare and transportation, and health or behavioral health needs. In particular, both of Family Promise's TH programs (FY 2026 Wake TH and FY 2026 THML) require each family will work with a case manager to develop a housing stability plan addressing permanent housing, employment, income, benefits, budgeting, and savings. Services will include housing search, landlord communication, childcare and school coordination, transportation assistance, and referrals for healthcare, behavioral health services, legal assistance, and other community resources. Case managers will help eligible families access SNAP, Medicaid, TANF, SSI/SSDI, childcare subsidies, and workforce services. Program agreements requires two case-management meetings each month, including at least one visit in the participant's apartment. Families work toward individualized goals and permanent housing, generally within the program's planned stay of up to 12 months. Staff use flexible and progressive engagement, regular follow-up, and individualized support to address barriers to participation while observing applicable participant protections. Enrollment can begin upon funding availability, with rehabilitation work coordinated to maintain safe housing and minimize disruption.

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)

Both of Family Promise's Transitional Housing projects, FY 2026 Wake TH and FY 2026 THML, will have assigned case managers who help participants identify and access public benefits for which they are eligible, including Medicaid, Medicare when applicable, SSI/SSDI, SNAP, TANF, childcare subsidies, and unemployment benefits. Assistance will include identifying eligibility requirements, gathering documentation, completing applications or referrals, and following up on benefit requests. Families Together will have Mentor Advocates, the Healthcare Engagement Specialist, and SOAR-trained staff will help participants identify benefits for which they may qualify and assist with applications, documentation, renewals, and continued eligibility. These resources may include Medicaid, Medicare, SNAP, TANF, SSI/SSDI, childcare subsidies, food assistance, and transportation assistance. Advance Community Health (Amplify Health) and other healthcare partners will connect families for primary and preventive care, while Alliance Health, SouthLight Healthcare, and other providers support access to behavioral healthcare and substance-use treatment. Both projects will leverage these resources to help clients while moving through the program as they build income and work experience, and once they exit the program, clients are able to be self-sufficient and not return to homelessness.[]

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)

For families with children, Family Promise’s transitional housing programs staff will coordinate with schools, McKinney-Vento liaisons, and childcare resources to support continuity and reduce disruptions associated with homelessness. Through existing community partnerships and referral relationships, Family Promise connects families with healthcare and behavioral healthcare and provides parenting support, classes and family focused events to promote positive family engagement and child development. Families Together direct services includes healthcare coordination, safety planning for families fleeing domestic violence, childcare assistance, and life-skills workshops. The transitional housing program partners with organizations such as SouthLight Healthcare and other community providers to expand access to substance-use treatment, behavioral healthcare, employment services, childcare, transportation, and other specialized supports. Both providers connect children and their parents to available programs based on age, educational needs and other qualifications via Wake County Smart Start, Best Baby Wake, and supportive case management for high-risk pregnancies, family planning, safe sleep and childbirth education classes.

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 maintains close partnership with the local VA Medical Center, Veteran Services Division of Wake County Housing Dept, Veteran Service Officers embedded across County service centers, as well as service agencies like Veteran Services of the Carolinas, Veterans Bridge Home, and Volunteers of America. Partners share data and actively participate in the CoC Veterans Workgroup focused on the very near goal of ending Veteran homelessness in Wake County.

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)

As the only emergency shelter in Wake County for survivors of domestic violence, dating violence, sexual assault, and stalking, InterAct, partners closely with the CoC and its provider network. InterAct provides a breadth of services from immediate (operating 24/7 crisis line, emergency shelter, forensic exam center, lethality assessment program (LAP), court advocacy) to ongoing support for survivors. This includes a CoC-funded Rapid Rehousing program for survivors.

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

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

(limit 500 characters)

The CoC is part of a multidisciplinary team (NC Dept. of Corrections, Local Reentry Council, Behavioral Health, homeless/housing services) focused on the intersection of reentry and homelessness. This joint effort was catalyzed by the County's participation in SAMSHA's GAINS Center (Behavioral Health/Justice Transformation) and its selection for the CSG Aligning Health and Safety Technical Assistance cohort to create cost savings and improve health outcomes for the reentry population.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC and Alliance Health have a strong collaboration in the provision of services for homeless individuals with a high level of medical needs. Alliance Health pilots and operates care coordination and complex case review efforts for shared clients and maximizes their resource navigator positions to support access and connection to health care, other housing opportunities, and stabilization services to improve health outcomes.

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)

Wake CoC has an active partnership with the Women's Center of Wake County and its medical respite program which currently serves 12 women experiencing homelessness and are aging/elderly/or meet medical threshold. In 2027, this project will expand to 38 beds to include men and other subpopulations. This project partners with and leverages funds from the local health care and hospitals to reduce reliance on limited hospital beds for individuals who do not have an alternative discharge plan.

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)

The Wake County Permanent Supportive Housing project (primarily CoC-funded) prioritizes individuals and families experiencing chronic homelessness as identified and prioritized through the CoC Coordinated Entry System. This PSH project is the single most effective PSH project in the CoC and is reserved for those who are not otherwise successful in temporary or other time limited projects and require ongoing stabilization support.

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)

The Wake County PSH project is a scattered site project and therefore does not have a singular location by which to administer on-site behavioral healthcare. However, the project incorporates person centered case management, home-based engagement, and a multidisciplinary team that includes Housing Social Workers who provide case management, a substance use disorder specialist, a psychiatric nurse, and a contracted psychiatrist. The project is designed to serve chronically homeless individuals and families, including those with disabling conditions, long histories of unsheltered homelessness, and significant barriers to housing stability. The target population includes people with serious mental illness, co-occurring substance use disorders, physical disabilities, chronic medical conditions, and functional impairments that limit their ability to obtain and maintain housing without intensive support. Many have experienced repeated episodes of homelessness, extended periods living unsheltered, and frequent interaction with crisis systems such as emergency departments, inpatient psychiatric facilities, and the criminal legal system. The rationale for focusing on this population is grounded in CoC priorities and local data demonstrating that chronically homeless individuals face the most severe barriers to stability and require permanent supportive housing to exit homelessness successfully. The CoC's Coordinated Entry system consistently identifies individuals and households with disabling conditions and long histories of homelessness as the highest need group requiring PSH intervention. Their barriers—including unmanaged behavioral health needs, limited income, trauma histories, and difficulty navigating mainstream systems—directly informed the project's design. The service model emphasizes housing retention, behavioral health coordination, benefits access, and early intervention to prevent returns to homelessness. These supports address the complex needs of chronically homeless individuals and ensure long-term housing stability.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

The Wake County PSH project and its multidisciplinary team maintain and implement a policy for ongoing assessment of program participant needs including those for higher level of care like assisted living or residential treatment. The project uses the Self-Sufficiency Matrix to monitor client progress and ongoing needs across domains such as income/employment, housing, food, healthcare, mental health, substance use, safety, and life skills. Program leadership works closely with assigned case managers and the clinical staff to understand special needs and challenges to ongoing housing stability including persistent medical fragility, functional impairments that limit ability to obtain and maintain housing without intensive support. Together with the care team and client, the PSH program team explore pathways to step the client over to a higher level of care. Alliance Health and other local care systems are key partners in this work, providing necessary evaluation, documentation and navigation to support next steps for each client.

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)

Similar to the assessment for higher levels of care detailed in 1C-19b, the Wake County PSH project and other CoC participating housing projects maintain policies and approaches to assessing participant readiness for moving on to unsubsidized or other permanent housing. Whenever possible and appropriate upon program enrollment and initial stabilization, projects support program participants in applying for and being added to the public housing and housing choice voucher programs as a potential path to stability. This has been particularly effective for those who stabilize over time and are able to navigate care systems independently but where their income and economic mobility options may be limited. In a sense, they are able to graduate and move on from permanent supportive housing. The Wake County PSH project in particular uses the Self-Sufficiency Matrix to monitor client progress and ongoing needs across domains such as income/employment, housing, food, healthcare, mental health, substance use, safety, and life skills. The matrix score calculates the average of all domain scores between 1 and 5, with indication that a score of 4 (Stable/Self-Sufficient) or 5 (Thriving) requires a discussion for Permanent Supportive Housing program exit. The CoC Coordinated Entry team regularly consults with all PSH and RRH projects to identify additional move on strategies and case conferencing where needed and appropriate.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
--------	--	--

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
--	---	------------

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
--	---	------------

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
--	---	-----

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/31/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/31/2026
--	---	------------

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

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

(limit 2,500 characters)

1)Wake CoC acknowledges that preserving existing renewal projects for the community provides continuity of care for project participants and strengthens the system infrastructure only when the quality of those projects is managed effectively and efficiently. Therefore, the intent of the Wake CoC is to maintain a Reallocation Policy that is in alignment with HUD CoC Competition(s) requirements, the HEARTH Act, and prioritizes spending and project performance to improve overall system performance, ensure effective use of funds, and better respond to community needs. Accordingly, the CoC ensures all projects meet performance and spending benchmarks while accounting for implementation barriers that may hinder a project's ability to fully utilize grant funds during the performance period as part of the annual funding review process. To wit, renewal projects were evaluated during the competition period on the quality, effectiveness, and efficiency utilizing a standardized scorecard and only proceeded with reallocation of low performing/spending projects in cases the need to address shifting community priorities.

2) The CoC Funding Review Committee (FRC) identified two low performing PSH projects. The first project identified had a low score primarily driven by low utilization, positive exits and minimum income development amongst program participants. As a result, this project fell well below all renewal projects and new projects that were more aligned with HUD and local priorities. The organization responsible for the second project chose not to submit an application through the local CoC process and was therefore eliminated to reallocate funds to create new projects.

3) Utilizing the CoC approved scorecards and supporting documentation, the FRC voted to reallocate and reduce a total of five projects, including two grants for full reallocation into new projects, two projects for transition grants (PSH to SSO Standalone), and one reduced renewal project. Outside of the two transition grants, reallocated funds totaled \$577,947 and were used to fund three new projects that aligned with HUD and local CoC priorities of transitional housing for families with children and unaccompanied youth aged 18 – 24.

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

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

2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Bitfocus, Inc. - Clarity Software
--	---	-----------------------------------

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

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

2A-3.	PIT Count—Methodology Change.	
-------	-------------------------------	--

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

(limit 2,500 characters)

The Wake CoC made a strategic and impactful change in the unsheltered methodology between the 2025 and 2026 Point in Time (PIT) Counts. Wake CoC employed a combination of the known locations strategy as well as complete coverage for known concentrated areas during the unsheltered portion of the count. Over 145 volunteers from 36 organizations formed 7 teams to survey individuals in 81 known locations. The known locations were surveyed and checked by street outreach teams, agencies, Police Dept/Fire Dept, and community members across two 3-hour shifts in the late evening and early morning to confirm sleeping location. The key difference in the 2026 unsheltered count implementation was additional pre-surveying by outreach teams for areas outside the concentrated service area of downtown Raleigh. This effort before the PIT Count allowed outreach teams to target their efforts in the larger geography of the other 11 other municipalities within Wake County and the CoC. This due diligence resulted in a slightly higher number of unsheltered homelessness on the night of PIT, January 22, 2026.

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

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

(limit 2,500 characters)

In May 2025, the City of Raleigh introduced a test strategy to effectively and efficiently address a large encampment with shelter and housing assistance, support services, through a coordinated community response. This pilot was proposed as a preliminary response to the increase in unsheltered homelessness reflected in the PIT Counts between 2019 and 2024. Through this pilot, the City was able to rehouse 45 households and close the camp location to sleeping, allowing it to return to public use as a public City park. While the City of Raleigh piloted this during the transition of the CoC Lead Agency/Collaborative Applicant to Wake County government and the new CoC Board and Committee infrastructure, they were diligent about organizing a steering committee made up of CoC service providers, law enforcement, local business, faith communities, current and formerly homeless persons as well as local government staff and elected officials. The steering committee for the transition developed a comprehensive strategy and then transitioned oversight and facilitation of the strategy to the newly established CoC. The CoC, primarily through its Street Outreach Committee, has now further developed the strategy to ensure it is scalable and systematic for implementation across the geographic area of the CoC. This strategy of course also operates in addition to the ongoing street outreach activities conducted across the CoC. This key strategy is now advanced through the Wake at Home initiative, launched in July 2026. The initiative has already been successful in closing another large encampment, rehousing 33 people and connecting them to support services to reduce returns to homelessness and encampments.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	112
2. Enter the reduction in the number of encampments during your evaluation period.	3

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	197
2. Enter the reduction in the number of people in encampments during your evaluation period.	53

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

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

(limit 2,500 characters)

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)

Between FY2024 and FY2025, the Wake CoC achieved a 5% reduction in the number of individuals and families becoming homeless for the first time. The CoC's plan for continuing to decrease the number of households experiencing homelessness includes the following strategies: 1) continued prioritization of homelessness prevention assistance for individuals and families that are at "imminent risk of homelessness" meaning, the household will be literally homeless within 14 days absent assistance of homelessness prevention in the community, namely Wake Prevent and other privately funded supports; and 2) Increased partnerships with workforce development and educational opportunities to emphasize job training and placement programs to ensure stable income for at-risk individuals. Households are identified and targeted for general care coordination and support when visiting day service centers, food pantries, and County regional centers where services are co-located. Services available for referral and directly administered at the regional centers include economic vitality and workforce development programs, child-care and family support. 3) Finally, landlord engagement and incentives through established programs like the Wake County Landlord Engagement Unit and the Lotus Campaign aim to increase housing opportunities by building relationships with landlords and offering incentives for participation. This means there is an additional layer of support if needed to intervene before a household becomes literally homeless and increased landlord awareness of prevention assistance prior to eviction. Wake County Government as the CoC Collaborative Applicant/Lead Agency will continue to oversee the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time, in collaboration with CoC service providers, Committees, Governing Board guidance, local government agencies, and other key stakeholders.

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)

In the FY2025 System Performance Metrics (SPMs) metric 1.2, Wake CoC saw an average Length of Time (LOT) Homeless of 603 bed nights and a Median LOT of 199 bed nights. While this was an increase from FY2024 SPMs, the CoC has investigated this measure and has developed a plan to reduce the length of time homeless. As of December 2025, the Lead Agency is fully staffed with three dedicated HMIS Staff responsible for system administration, policies, procedures, and user support. The HMIS Data Specialist holds regular training, monitors a central help desk and conducts regular data quality checks for both CoC and non-CoC funded projects. The CoC is implementing real time data entry workflows across shelter sites to improve night by night data entry, project exit reporting and targeted case management. This improvement addresses data quality challenges that manifested during significant shifts in emergency shelter projects and the provision of supportive services to promote rapid exits from shelter. This plan to reduce the LOT includes three key strategies: 1) increase case management engagements and requirements across shelter sites; 2) leverage flexible funds to cover one-time, low-cost activities to address housing barriers and resolve literal homelessness without reliance on ongoing subsidies; 3) streamline document readiness and housing navigation by co-locating vital document agencies and services; and 4) leveraging the Wake County Landlord Engagement Unit (LEU) and dedicated housing navigators to create a centralized unit inventory of affordable and shared housing options. All service providers in the Wake CoC have access to the LEU which provides landlord mitigation funds to incentivize lease ups and rapid move in. In combination, these strategies and the advancement of data quality and monitoring processes, the Wake CoC anticipates a marked reduction in the length of time homeless reported through the FY2026 SPMs.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	50.49%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

Wake CoC HMIS staff ran an Annual Performance Report (APR, Metric Q23c. Exit Destination) for the reporting period of January 1, 2025 to December 31, 2025 to count the people exited from TH, RRH, and PSH and their destinations from programs using HMIS. Of the 677 total exits from the TH/RRH/PSH recorded in the reporting period, 326 people (48%) exited to one of the following exit destinations:

- Staying or living with family, permanent tenure: 26
- Staying or living with friends, permanent tenure: 2
- Rental by client, no ongoing housing subsidy: 295
- Owned by client, no ongoing housing subsidy: 3

The CoC also reviewed the APR for the CoC-funded DV RRH project operated by a VSP on a comparable database for the same reporting period. Of the 135 leavers during that reporting period, 84 exited to the destinations noted above and as reported for HMIS users. When the exit destination data is combined, this methodology shows that 50.49% of the full universe of leavers (812) for TH, RRH, PSH CoC funded programs, (410) exited to one of the following destinations:

- Staying or living with family, permanent tenure: 38
- Staying or living with friends, permanent tenure: 2
- Rental by client, no ongoing housing subsidy: 367
- Owned by client, no ongoing housing subsidy: 3

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
--	---	------------

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

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
--	---	-----

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

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

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

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	552	42	594	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	123	0	123	100.00%
4. Rapid Re-Housing (RRH) beds	315	0	315	100.00%
5. Permanent Supportive Housing (PSH) beds	899	0	559	62.18%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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)

Context: The role of CoC Collaborative Applicant/Lead Agency was transitioned to Wake County Government through a Memorandum of Understanding with the Governing Board effective November 2024. Between November 2024 and December 2025, all CoC Lead Agency grants, roles, responsibilities and duties were transitioned to the new CoC Department including HMIS System Administration responsibilities. Due to the transition, FY24 and FY25 data and system inventory required significant clean up and reconciliation to align with current processes and software functioning. The 62% coverage rate for PSH beds was primarily driven by a gap in data entry from two programs, including VASH who are not required to participate and would therefore, need to voluntarily participate in HMIS. Steps: CoC HMIS staff will continue to take the following actions to increase bed coverage rate for PSH: 1) minimum annual system audit and project/unit inventory; 2) one on one training for the relevant service providers to address staff turnover and improve data entry practices to fit their program implementation; and 3) offer to enter data for the VASH program into HMIS. To ensure cost is not a barrier to data entry participation, the Collaborative Applicant/Lead Agency covers all software and license costs for providers. Implementation of Steps: Under the new HMIS and CoC staffing structure through the completion of annual federal system reporting. The CoC will continue to monitor on a monthly and quarterly basis through bed utilization reports, Coordinated Entry vacancies/referrals and reconciliation of program data. The CoC will also continue training providers with progress continuing through regular HMIS Agency Administrator meetings/trainings, monthly new user and refresher trainings and on-site data entry support. Coordination with the VA and PHA is ongoing as the VASH provider. Both programs are expected to be properly recorded project data into HMIS with improvements in bed coverage expected through the FY2026 system performance reports and 2027 PIT/HIC process.

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.
------	---

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of TH_R...	09/27/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f List of CoC...	09/27/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 Language fro...	09/27/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/24/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HDX Competition R...	09/26/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. CoC's Poli...	09/27/2026
11. Other	No		

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: 1C-3 Language from Project Supportive Services Agreements

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. CoC's Policy or Statement 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	09/27/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/26/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required



NC 507 – Raleigh/Wake County

1C-1 List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Applicant Name	Project Name	Project Type	Total Funding	Treatment Provider(s)
Raleigh Dream Center	Street to Stability Initiative FY2026	Transitional Housing – TH	\$250,000	Wellwyn, SouthLight Healthcare



NC 507 – Raleigh/Wake County

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

Applicant Name	Project Name	Project Type	Total Funding	Total # of Units	Total # of Beds
Raleigh Dream Center	Street to Stability Initiative FY2026	Transitional Housing – TH	\$250,000	5	21



NC 507 – Raleigh/Wake County
1C-3 Language from Project Supportive Service Agreements

Applicant Name	Project Name	Project Type	Supportive Services Agreement Language
Haven House Services	TH Homeless Youth 18-24 FY2026	Transitional Housing – TH	The 20-hour engagement requirement can be met through any combination of the following, matched to what makes sense for your Service Plan: • Case management sessions and service appointments • School attendance or coursework • Employment (paid work of any kind counts in full) • Job training or job search activities • Life-skills programming offered by Haven House or a partner organization • Community-building or peer-support activities • Counseling, treatment, or other services you choose to engage in
Haven House Services	RRH Homeless Youth 18-24 FY2026	Rapid Rehousing – RRH	The 20-hour engagement requirement can be met through any combination of the following, matched to what makes sense for your Service Plan: • Case management sessions and service appointments • School attendance or coursework • Employment (paid work of any kind counts in full) • Job training or job search activities • Life-skills programming offered by Haven House or a partner organization • Community-building or peer-support activities Counseling, treatment, or other services you choose to engage in

PLM Families Together	Families Together Renewal Application FY2026	Rapid Rehousing - RRH	Program Participant Expectations: • Develop a Housing Stabilization Action Plan with your Mentor Advocate and meet regularly according to the program schedule to update your plan and discuss strategies for meeting your stable housing goals. • Remain engaged with Mentor Advocate (MA) for up to 12 months once housed, which includes a minimum of one in-home visits per month. • Attend workshops that are held monthly and that focus on a variety of topics including budgeting, landlord-tenant rights and responsibilities, land employment.
PLM Families Together	Families Together New SSO-Standalone Project App FY2026	SSO-Standalone	Program Participant Expectations: Access needed community resources and follow through with referrals based on the needs of the family. This includes recovery programs, treatment, therapy sessions, and medical appointments, etc.
PLM Families Together	Families Together New TH Project App FY2026	Transitional Housing – TH	Training, Workshops, and Support Services: Families are required to participate in trainings, workshops, support services, and other activities identified in their Housing Goal Plan. Each Family must attend and participate in at least six (6) workshops. These workshops are designed to support long-term success in financial stability and permanent housing by providing information, skill-building opportunities, and practical learning experiences aligned with the Family’s Housing Goal Plan.
Family Promise of Wake County	FY 2026 Wake TH	Transitional Housing – TH	Participation in scheduled house meetings, support groups, life skills classes, educational workshops, and other required program activities is an important part of the Transitional Housing Program. Attendance at required activities is expected unless an approved absence has been arranged with program staff in advance.
Family Promise of Wake County	FY 2026 Wake THML	Transitional Housing – TH	Participation in scheduled house meetings, support groups, life skills classes, educational workshops, and other required program activities

			is an important part of the Transitional Housing Program. Attendance at required activities is expected unless an approved absence has been arranged with program staff in advance.
Family Promise of Wake County	FY 2026 Wake RRH	Rapid Rehousing - RRH	Participation in scheduled house meetings, support groups, life skills classes, educational workshops, and other required program activities is an important part of the Transitional Housing Program. Attendance at required activities is expected unless an approved absence has been arranged with program staff in advance.
The Family Violence Prevention Center, Inc., dba InterAct	InterAct-DV Renewal Project FY26	Rapid Rehousing - RRH	The ultimate goal of this program is to support and empower the client as they work towards becoming self-sufficient. The client agrees to work toward self-sufficiency by: • Actively participate in workforce development, job training, or employment search activities or; • Attending one-on-one financial literacy and household budgeting coaching sessions or; • Demonstrating measurable progress toward increasing their contribution to an emergency saving account as a part of their monthly review.
Raleigh Dream Center	Street to Stability Initiative FY2026	Transitional Housing – TH	All participants are required to engage in supportive services designed to promote housing stability, self-sufficiency, and long-term success. Activities Counting Toward the 20-Hour Requirement: • Life Skills and Character Development (10 hrs/week): Structured instruction in life skills, financial literacy, tenant responsibilities, and character formation, taught by credentialed instructors and program staff. • Recovery Support Services (7 hrs/week): Structured 12-Step study and relapse prevention instruction, providing evidence-informed recovery programming. • Vocational and Community Service Training (9 hrs/week): Structured service

			assignments including food distribution, community outreach, facility and operations support, kitchen management, and neighborhood service initiatives, developing vocational skills, work ethic, and community responsibility. • Physical Wellness (4 hrs/week): Scheduled exercise and recreational activity supporting whole-person health. • Case Management (1 hr/week): Each participant receives one hour of individual case management weekly with a dedicated case manager who tracks progress, coordinates community resource connections, and monitors each participant's individualized service plan. An additional hour of independent work time is provided for participants to complete case manager-assigned tasks.
Wake County Government	2-1-2027 to 1-31-2028 Fully Consolidated Wake Rental Assistance	Permanent Supportive Housing – PSH	Supportive services are made available to all program participants for the purpose of promoting housing stability, personal well-being, and successful tenancy. Participation in supportive services is an integral component of maintaining compliance with lease obligations and program requirements.

Organization Name		
Project Name		
	Max Available	Actual
General Narrative Subtotal	200	
Project Component		
Permanent Supportive Housing (PSH) - RENEWAL	170	
Permanent Supportive Housing (PSH) - NEW	170	
Rapid Rehousing - RENEWAL	170	
Rapid Rehousing - NEW	170	
Transitional Housing (NEW Only)	170	
Supportive Services Only - Standalone (NEW Only)	170	
Supportive Services Only - Street Outreach (NEW Only)	170	
Supportive Services Only - Coordinated Entry	170	
Homeless Management Information System (HMIS)	170	
CoC Planning Grant (Collaborative Applicant Only)	N/A	N/A
Project Component Subtotal	170	0
Grand Total (General + Component)	370	0
HUD issued e-snaps section (if applicable)		
placeholder		
placeholder		
placeholder		
Subtotal	0	0
Grand Total Adjusted for HUD issued e-snaps questions	0	0

As of 06/29/26, HUD has not posted Detailed Instructions or Project Applications. If published on or by 07/10/26, Wake CoC will review the scorecard to identify potential changes to reflect HUD application questions and possibly extend local competition accordingly.

	A	B	C	D	E	F	G	H
1	General Narrative Scorecard Agency Name _____ Amount Requested \$ _____							
2	Indicate type of project application being submitted for funding by notating with 'X'.	New Standalone Project	Expansion of eligible renewal	DV Bonus	CoC Bonus		If applicable: New Project created through Reallocation	If applicable: New Project created through Transition Grant
3								
4								
5	Project Component and Subtype (TH, SSO Standalone, SSO-Street Outreach, PH-RRH, PH-PSH)							
6	EXPERIENCE & ORGANIZATION'S EFFECTIVENESS	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
7	Project has experience in effectively utilizing federal funds (e.g. ESG, HOPWA, HOME-TBRA, RHY, VOCA, etc.) and performing the activities proposed in the application.	limited description	satisfactory description	full and detailed description		10	General Project Narrative #9	
8	Project described experience with leveraging all federal, state, local and private sector funds such as healthcare, etc.	limited description	satisfactory description	full and detailed description		10	General Project Narrative #2 and #4	
9	Did the organization have any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG)?	no clear action proposed/stated	steps taken toward resolutions	no unresolved findings		10	General Project Narrative #7	
10	Will funds requested in this new project application replace state or local government funds? 24 CFR 578.87(a)	yes	N/A	no		10	General Project Narrative #13 (If yes, not eligible grant)	
11	DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
12	Agency provided a detailed description that addressed the entire scope of the proposed project including target populations to be served and plan for addressing identified housing and supportive services needs, if applicable.	limited description	satisfactory description	full and detailed description		10	General Project Narrative #2	
13	Project detailed how CoC funds will be used, the proposed project outcome(s), and coordination with other organizations and/or housing providers/developers.	limited description	satisfactory description	full and detailed description		10	General Project Narrative #2, #3	
14	Project described the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.	limited description	satisfactory description	full and detailed description		10	General Project Narrative #2 and #4	
15	Project specifies or lists supportive services and activities that will be provided to program participants to support self-sufficiency.	no services indicated	limited services indicated	comprehensive list of services indicated		10	General Project Narrative #2	
16	Project has timeline for rapid implementation of the program documenting how the project will be ready to begin enrolling clients.	timeline provides insufficient details	timeline provides limited details	timeline provides full details and complete overview		10	General Project Narrative #2	
17	Project leverages housing and/or health resources, including a partnership commitment with the corresponding organization(s).	no experience indicated in project application narratives	limited experience indicated in project application narratives	extensive experience indicated in narratives and/or commitment letter		10	General Project Narrative #4	

	A	B	C	D	E	F	G	H
18	Project will fully participate in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and will use an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Certification and Submission	
19	FINANCIAL CAPACITY	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
20	Project documented match requirement/amount.	no match indicated	less than 25% match	25% match or greater		10	Summary Budget and Match Commitment Letters	
21	Project clearly describes Financial Management structure, including sub-recipient oversight if applicable, fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds.	limited description	satisfactory description	full and satisfactory description/oversight		10	General Project Narrative #10	
22	Project describes functioning accounting system, or fiscal agency, that is operated in accordance with generally accepted accounting principles (GAAP) that will maintain a functioning accounting system in accordance with GAAP. (Checks and Balances are in place to provide sufficient oversight of their account systems).	limited description	satisfactory description	full description of account systems and adherence to GAAP		10	General Project Narrative #10	
23	Budget is complete, accurate, and cost-effective for the total number of people the project proposes to serve.	project budget is not accurate nor reasonable	project budget is accurate but is not reasonable	project budget is accurate, reasonable, and maximizes funding		10	Project Rediness, Summary Budget	
24	Most recent audit findings include significant deficiency or material weakness.	more than one deficiency or material weakness	only one deficiency or material weakness	no deficiency or material weakness		10	General Project Narrative #8 and Attachment	
25	Most recent audit noted findings (single audit) or instances of non-compliance (audit).	more than one finding or non-compliance identified	no more than 1 finding or non-compliance identified	no findings or non-compliance identified		10	General Project Narrative #7	
26	Additional Certifications	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
27	The Project commits to building a project-specific HMIS page within thirty (30) days of signing HUD grant agreement.	no	not currently in HMIS/Comparable database, but will upon award notification	yes-already using HMIS/Comparable		10	Certification and Submission	
28	Agency is a current member of Wake CoC (NC-507).	not a current member	pending application	current member		10	General Project Narrative #11 and CoC Staff Verification	
29	Agency participates in CoC Board of Directors, Committees and/or Work Groups.	no participation	occasional participation (not a member but occasionally attends meetings)	Agency representative is standing member who regularly attends meetings		10	General Project Narrative #12 and CoC Staff Verification	
30	TOTAL SCORE				0	200		

PSH Renewal Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments - Please include comments if your score is less than 10 points
Project describes process for determining the level and duration of Tenant-Based Rental Assistance provided to participants and explains how the assistance is tailored to the individual/household's barriers, income, and local housing costs, and how the project ensures that assistance is flexible including approach to assessing potential exit to self-sufficiency.	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #1	
Project details the comprehensive supportive services and activities (e.g., housing search, job training, budgeting, mediation) that will be provided to program participants.	no services indicated	limited services indicated	comprehensive list/description of services indicated		10	Project Readiness - PSH #2	
Project describes organization's prior experience operating Permanent Supportive Housing projects or similar rental assistance programs and demonstrates project's success by providing data or outcomes showing improvement in health and income areas.	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #3	
Projects demonstrate compliance regarding mandatory service participation and describe the supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) that participants are required to participate in as a condition of tenancy (if any).	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #4	
Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.	no	narratives	narratives and housing/healthcare org. commitment letter		10	Project Readiness - PSH #5	
Provide a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Describe the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.	inadequate description given	partial description given with some details	full description given with full details of strategy		10	Project Readiness - PSH #6	
Project fully participates in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and uses an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Section VII - Certification and Submission	
PROJECT/RECIPIENT PERFORMANCE (Renewal Only)	0	5	10	Awarded	Max	Source	Reviewer Comments - Please include comments if your score is less than 10 points
Project had no funds available for recapture for the most recent expired grant term for this project.	10% or more recaptured	less than 10% recaptured	No funds recaptured		10	Application Recipient Performance Screen Q#4; and HUD spending Report	
Agency submitted previous year's Annual Performance Report (APR) on-time.	no	N/A	yes		10	Application Recipient Performance Screen Q#1	
Average <i>unit</i> utilization rate to date.	less than 90%	91%-94%	95% or higher		10	APR Q2	
Percentage of overall data error/issue rate.	more than 12%	9-12%	8% or less		10	APR Q6ba	
Percentage of issue/error rate for income and sources at Annual Assessment.	10% or more	5-9%	less than 5%		10	APR Q6c	
Percentage of adults who retain, gain or increase earned income from start to annual assessment.	less than 10%	11-30%	31% or more		10	APR Q19a1 (Number of Adults with Earned Income)	
Percentage of adults who retain, gain or increase other income from start to annual assessment.	less than 10%	11-30%	31% or more		10	APR Q19a1 (Number of Adults with Other Income)	
Percentage of adults who retain, gain or increase income from start to exit.	less than 5%	5-9%	10% or more		10	APR Q19a2 (Number of Adults with Any Income)	
Length of time between project start date and housing move-in date.	91 days or more	31-90 Days	30 days or less		10	APR Q22c	
Percentage of participants with a permanent exit destination/situation.	less than 79%	80-89%	no exits reported (0) or 90% or more		10	APR Q23c	
TOTAL SCORE					170		

PSH New Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments - Please include comments if your score is less than 10 points
Project describes process for determining the level and duration of Tenant-Based Rental Assistance provided to participants and explains how the assistance is tailored to the individual/household's barriers, income, and local housing costs, and how the project ensures that assistance is flexible including approach to assessing potential exit to self-sufficiency.	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #1	
Project details the comprehensive supportive services and activities (e.g., housing search, job training, budgeting, mediation) that will be provided to program participants.	no services indicated	limited services indicated	comprehensive list/description of services indicated		10	Project Readiness - PSH #2	
Project describes organization's prior experience operating Permanent Supportive Housing projects or similar rental assistance programs and demonstrates project's success by providing data or outcomes showing improvement in health and income areas.	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #3	
Projects demonstrate compliance regarding mandatory service participation and describe the supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) that participants are required to participate in as a condition of tenancy (if any).	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #4	
Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #5	
Provide a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Describe the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.	limited description	satisfactory description	full and detailed description		10	Project Readiness - PSH #6	
Project will fully participate in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and will use an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Section VII - Certification and Submission	
NEW PROJECT ONLY QUESTIONS	0	15	25	Awarded	Max	Source	Reviewer Comments - Please include comments if your score is less than 10 points
Project describes the staffing plan and timeline.	limited description	satisfactory description	full and detailed description		25	Project Readiness - PSH #7	
Project describes steps taken and timeline to meet HMIS participation requirement.	limited description	satisfactory description	full and detailed description		25	Project Readiness - PSH #8	
Project describes approach to ensure timely and accurate data entry.	limited description	satisfactory description	full and detailed description		25	Project Readiness - PSH #9	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		25	Project Readiness - PSH #10	
TOTAL SCORE					170		

RRH Renewal Application Scorecard
Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments - Please include comments if your score is less than 10 points
Project describes the process for determining the level and duration of Tenant-Based Rental Assistance provided to participants, explaining how the assistance is tailored to the individual/household's barriers, income, and local housing costs, and how the project ensures that assistance is flexible but designed to rapidly transition the household to full self-sufficiency and independent payment within 24 months or less.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #1	
Project describes comprehensive supportive services offered (e.g., housing search, job training, budgeting, mediation) that are critical for helping participants rapidly stabilize in housing and achieve long-term financial self-sufficiency.	no services indicated	limited services indicated	comprehensive list/description of services indicated		10	Project Readiness - RRH #2	
Project describes organization's prior experience operating Rapid Rehousing projects or similar short-term rental assistance programs and demonstrates the project's success by providing data or outcomes showing improvement in employment income.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #3	
Project describes compliance regarding mandatory service participation including the supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) that participants are required to participate in as a condition of tenancy (if any).	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #4	
Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #5	
Provide a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Describe the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #6	
Project fully participates in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and uses an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Section VII - Certification and Submission	
PROJECT/RECIPIENT PERFORMANCE (Renewal Only)	0	5	10	Awarded	Max	Source	Reviewer Comments - Please include comments if your score is less than 10 points
Project had no funds available for recapture for the most recent expired grant term for this project.	10% or more recaptured	less than 10% recaptured	No funds recaptured		10	Application Recipient Performance Screen Q#4; and HUD spending Report	
Agency submitted previous year's Annual Performance Report (APR) on-time.	no	N/A	yes		10	Application Recipient Performance Screen Q#1	
Average <i>unit</i> utilization rate to date.	less than 90%	91%-94%	95% or higher		10	APR Q2	
Percentage of overall data error/issue rate.	more than 12%	9-12%	8% or less		10	APR Q6ba	
Percentage of issue/error rate for income and sources at Annual Assessment.	10% or more	5-9%	less than 5%		10	APR Q6c	
Percentage of adults who retain, gain or increase earned income from start to annual assessment.	less than 10%	11-30%	31% or more		10	APR Q19a1 (Number of Adults with Earned Income)	
Percentage of adults who retain, gain or increase other income from start to annual assessment.	less than 10%	11-30%	31% or more		10	APR Q19a1 (Number of Adults with Other Income)	
Percentage of adults who retain, gain or increase income from start to exit.	less than 5%	5-9%	10% or more		10	APR Q19a2 (Number of Adults with Any Income)	
Length of time between project start date and housing move-in date.	91 days or more	31-90 Days	30 days or less		10	APR Q22c	
Percentage of participants with a permanent exit destination/situation.	less than 79%	80-89%	no exits reported (0) or 90% or more		10	APR Q23c	
TOTAL SCORE					170		

RRH New Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project describes the process for determining the level and duration of Tenant-Based Rental Assistance provided to participants, explaining how the assistance is tailored to the individual/household's barriers, income, and local housing costs, and how the project ensures that assistance is flexible but designed to rapidly transition the household to full self-sufficiency and independent payment within 24 months or less.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #1	
Project describes comprehensive supportive services offered (e.g., housing search, job training, budgeting, mediation) that are critical for helping participants rapidly stabilize in housing and achieve long-term financial self-sufficiency.	no services indicated	limited services indicated	comprehensive list/description of services indicated		10	Project Readiness - RRH #2	
Project describes organization's prior experience operating Rapid Rehousing projects or similar short-term rental assistance programs and demonstrates the project's success by providing data or outcomes showing improvement in employment income.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #3	
Project describes compliance regarding mandatory service participation including the supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) that participants are required to participate in as a condition of tenancy (if any).	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #4	
Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #5	
Provide a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Describe the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.	limited description	satisfactory description	full and detailed description		10	Project Readiness - RRH #6	
Project fully participates in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and uses an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Section VII - Certification and Submission	
NEW PROJECT ONLY QUESTIONS	0	15	25	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project describes the overall project staffing plan and timeline.	limited description	satisfactory description	full and detailed description		25	Project Readiness - RRH #7	
Project describes steps taken and timeline to meet HMIS participation requirement.	limited description	satisfactory description	full and detailed description		25	Project Readiness - RRH #8	
Project describes approach to ensure timely and accurate data entry.	limited description	satisfactory description	full and detailed description		25	Project Readiness - RRH #9	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		25	Project Readiness - RRH #10	
TOTAL SCORE					170		

TH New Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project demonstrates organization's comprehensive strategy for ensuring participants receive the supportive services necessary to obtain and maintain permanent housing. Specifies core services organization's project will directly provide (e.g., in-house case management, life skills training) and details the formal partnerships (agency names, type of service) established with external organizations to deliver specialized or supplementary services (e.g., job placement, mental health care).	limited description	satisfactory description	full and detailed description		10	Project Readiness - TH #1	
Project describes organization's prior experience operating transitional housing or other homelessness projects. Provides specific evidence (project names, dates, and outcomes) demonstrating organization's track record of successfully helping homeless individuals and families exit homelessness within a 24-month time frame.	limited description	satisfactory description	full and detailed description		10	Project Readiness - TH #2	
Project details project's history or plan for achieving required exit outcomes. Provided data (or a robust plan if new) showing how the project ensures at least 50% of participants exit to permanent housing within 24 months and at least 50% of participants exit with employment income. Explained how organization's data system (HMIS or other) tracks and verifies these specific income and housing outcomes.	limited description	satisfactory description	full and detailed description		10	Project Readiness - TH #3	
Project provided a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Described the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.	limited description	satisfactory description	full and detailed description		10	Project Readiness - TH #4	
Project describes the specific mandatory supportive services (e.g., case management, employment search) in line with 24 CFR 578.75(b) that all participants are required to take part in. Also describe the project design, staffing model, and scheduling that will allow for the delivery of 20 hours per week of customized supportive services for each eligible participant (e.g., job training, scheduled treatment, educational classes, and case management).	no services indicated	limited services indicated	comprehensive list/full description of services indicated		10	Project Readiness - TH #5 and #6	
Provided the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.	limited description	satisfactory description	full and detailed description		10	Project Readiness - TH #7	
Project will fully participate in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and will use an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Section VII - Certification and Submission	
NEW PROJECT ONLY QUESTIONS	0	15	25	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project describes the overall project staffing plan and timeline for onboarding.	limited description	satisfactory description	full and detailed description		25	Project Readiness - TH #8	
Project describes steps taken and timeline to meet HMIS participation requirement.	limited description	satisfactory description	full and detailed description		25	Project Readiness - TH #9	
Project describes approach to ensure timely and accurate data entry.	limited description	satisfactory description	full and detailed description		25	Project Readiness - TH #10	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		25	Project Readiness - TH #11	
TOTAL SCORE					170		

SSO-Standalone New Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	7	14	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project explained how the services provided by this SSO project are critically necessary to assist participants in exiting homelessness and achieving long-term self-sufficiency.	no services indicated	limited services indicated	comprehensive list/description of services indicated		14	Project Readiness - SSO #1	
Project detailed project's specific, targeted strategy for providing supportive services to individuals with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	inadequate description given	partial description given with some details	full description given with full details of strategy		14	Project Readiness - SSO #2	
Project provided a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Described the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.	limited description	satisfactory description	full and detailed description		14	Project Readiness - SSO #3	
Project justified how the supportive services provided are cost-effective, consistent with 2 CFR 200.404. Provided the estimated average annual cost per participant served and explain how this cost is reasonable relative to the type, intensity, and duration of the services delivered, and how it compares favorably to other similar service providers in the region.	limited description	satisfactory description	full and detailed description		14	Project Readiness - SSO #4	
Project will fully participate in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and will use an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		14	Section VII - Certification and Submission	
NEW PROJECT ONLY QUESTIONS	0	15	25	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 25 points
Project describes the staffing plan and timeline.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO #5	
Project describes steps taken and timeline to meet HMIS participation requirement.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO #6	
Project describes approach to ensure timely and accurate data entry.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO #7	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO #8	
TOTAL SCORE					170		

SSO - Street Outreach New Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	5	10	Awarded	Max	Source	Reviewer Comments -Please attempt to include comments if your score is less than 10 points
Project detailed how the Street Outreach project will be supplemented by resources from other public or private sources (e.g., non-CoC funding, in-kind supplies, mainstream programs). Explained the process organization's outreach workers use to connect unsheltered participants to critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP) to maximize the long-term impact of service engagement.	limited description	satisfactory description	full and detailed description		10	Project Readiness - SSO-O #1	
Project detailed specific, targeted strategy for providing supportive services to individuals with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	inadequate description given	partial description given with some details	full description given with full details of strategy		10	Project Readiness - SSO-O #2	
Project demonstrated established history and operational protocol for partnering with first responders (including police, fire, and emergency medical services) to effectively and safely engage people living outside. Described the nature of these partnerships, how they facilitate access to unsheltered individuals, and confirm that project will cooperate with, assist, and not impede with law enforcement to enforce local laws such as public camping and public drug laws.	limited description	satisfactory description	full and detailed description		10	Project Readiness - SSO-O #3	
Described organization's prior experience in providing outreach services consistent with 24 CFR 578.53(e)(13). Demonstrated the project's effectiveness by providing data or examples of successful outcomes related to helping unsheltered individuals exit places not meant for human habitation and transition into safe housing or shelter options.	limited description	satisfactory description	full and detailed description		10	Project Readiness - SSO-O #4	
Project justified how the supportive services provided are cost-effective, consistent with 2 CFR 200.404. Provided the estimated average annual cost per participant served and explain how this cost is reasonable relative to the type, intensity, and duration of the services delivered, and how it compares favorably to other similar service providers in the region.	limited description	satisfactory description	full and detailed description		10	Project Readiness - SSO-O #5	
Please describe how your Street Outreach program collaborates with the CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Shelter Programs.	limited description	satisfactory description	full and detailed description		10	Project Readiness - SSO-O #6	
Project will fully participate in the CoC's Coordinated Entry (CE) Process or is a victim service provider, and will use an alternate CE process that meets HUD's minimum requirements.	no	N/A	yes		10	Section VII - Certification and Submission	
NEW PROJECT ONLY QUESTIONS	0	15	25	Awarded	Max	Source	Reviewer Comments -Please attempt to include comments if your score is less than 25 points
Project describes the staffing plan and timeline.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO-O #7	
Project describes steps taken and timeline to meet HMIS participation requirement.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO-O #8	
Project describes approach to ensure timely and accurate data entry.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO-O #9	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		25	Project Readiness - SSO-O #10	
TOTAL SCORE					170		

SSO - Coordinated Entry New Application Scorecard

Agency Name _____

Amount Requested \$ _____

DESIGN OF HOUSING AND SERVICES	0	17	34	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project describes the advertisement strategy for the coordinated entry process and how it is designed to reach households with the highest needs.	inadequate description given	partial description given with some details	full description given with full details of strategy		34	Project Readiness - CE #3	
Project describes coordination and training efforts to improve coordinated entry system process.	limited description	satisfactory description	full and detailed description		34	Project Readiness - CE #5	
Project describes the referral process and how program participants are directed to appropriate housing and services that fit their needs.	limited description	satisfactory description	full and detailed description		34	Project Readiness - CE #6	
Project describes the staffing plan and timeline.	limited description	satisfactory description	full and detailed description		34	Project Readiness - CE #7	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		34	Project Readiness - CE #8	
TOTAL SCORE					170		

HMIS - New Application Scorecard
Agency Name _____

Amount Requested \$ _____

HMIS IMPLEMENTATION	0	5	10	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 10 points
Project describes how HMIS funds will be expended in a way that furthers the CoC's HMIS implementation and ability to use HMIS as a proactive case management tool to promote treatment and recovery.	limited description	satisfactory description	full and detailed description		10	Project Readiness - HMIS #1	
Agency describes process and stakeholder involvement for updating Wake CoC's HMIS Governance Charter/MOU and HMIS Policies and Procedures and .	limited description	satisfactory description	full and detailed description		10	Project Readiness - HMIS #5	
Agency clearly describes the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS.	limited description	satisfactory description	full and detailed description		10	Project Readiness - HMIS #8	
Agency provided targeted training to HMIS users on core system components or requirements in the last 12 months and/or has plans for the next 12 months.	minimal or no trainings provided or planned in designated time frame	adequate training provided and planned in designated time frame	robust training provided and planned in designated time frame		10	Project Readiness - HMIS #9 (Chart)	
Project detailed how CoC funds will be used, the proposed project outcomes, and coordination with other organizations and/or current and new agencies.	limited description	satisfactory description	full and detailed description		10	Project Readiness - HMIS #10 (Chart)	
HMIS ADMINISTRATION	0		5	Awarded	Max	Source	Reviewer Comments -Please include comments if your score is less than 5 points
Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the HMIS Data Standards?	No	N/A	Yes		5	Project Readiness - HMIS #2	
HMIS is able to produce all HUD-required reports and provide data as needed for HUD reporting and other reports required by other federal partners. (i.e. Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).	No	N/A	Yes		5	Project Readiness - HMIS #3	
Does the HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?	No	N/A	Yes		5	Project Readiness - HMIS #4	
Agency clearly describes who is responsible for ensuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners.	No	N/A	Yes		5	Project Readiness - HMIS #6	
NEW PROJECT ONLY QUESTIONS	0	15	25	Awarded	Max	Source	Reviewer Comments -Please attempt to include comments if your score is less than 25 points
Project describes the staffing plan and timeline.	limited description	satisfactory description	full and detailed description		25	Project Readiness - HMIS #11	
Project describes steps taken and timeline to meet HMIS participation requirement.	limited description	satisfactory description	full and detailed description		25	Project Readiness - HMIS #12	
Project describes approach to ensure timely and accurate data entry.	limited description	satisfactory description	full and detailed description		25	Project Readiness - HMIS #13	
Project describes training plan for all project staff.	limited description	satisfactory description	full and detailed description		25	Project Readiness - HMIS #14	
TOTAL SCORE					170		

Wake CoC (NC-507) HUD FY26 Notice of Funding Opportunity (NOFO) Local Competition Selection Results

Score	Rank	Status (Accepted, Rejected, Fully Reallocated, Reduced Reallocated)	Application Type (New/Renewal)	Agency	Project Name	Project Type	Requested Funding Amount	Reallocated Funds
352.5	1	Accepted	Renewal	Families Together	Families Together Renewal Project Application FY2024	RRH	\$186,399	
347.5	2	Accepted	Renewal	Haven House	RRH Homeless Youth 18-24 FY2024	RRH	\$116,728	
370	3	Accepted	Renewal	Wake County Government	HMIS	HMIS	\$161,730	
355	4	Accepted	Renewal	Wake County Government	NC507 SSO-CE FY2024	SSO-CE	\$189,580	
345	5	Accepted	Renewal	Interact	InterAct- DV Bonus FY2024	RRH	\$1,280,899	
335	6	Accepted, Reduced Reallocated	Renewal	Wake County Government	2-1-2027 to 1-31-2028 Fully Consolidated Wake Rental Assistance	PSH	\$2,918,252	\$ (24,650.00)
368	7	Accepted	New	Families Together	Families Together New TH Project App FY2026	TH	\$190,000	\$190,000
365	8	Accepted	New	Haven House	TH Homeless Youth 18-24 FY2026	TH	\$250,296	\$250,296
361.5	9	Accepted	New	Family Promise	FY 2026 Wake TH	TH	\$262,500	\$144,357
361.5	10	Accepted	New	Family Promise	FY 2026 THML	TH	\$166,730	
357.5	11	Accepted	New	Families Together	Families Together New SSO-Standalone Project App FY2026	SSO	\$250,000	
350	12	Accepted	New	Family Promise	FY 2026 Wake RRH	RRH	\$148,500	
349.5	13	Accepted	New	Raleigh Dream Center	Streets to Stability Initiative FY2026	TH	\$250,000	
349	14	Accepted	New - Transition	Women's Center	Women's Center SSO Project 2026	SSO	\$254,085	\$254,085
262.5	15	Accepted	New - Transition	Triangle Family Services	TFS SSO FY26 Grant	SSO	\$288,029	\$288,029
349	16	Accepted	New	Women's Center	Women's Center SSO Project 2026	SSO	\$113,915	
Not scored	Not ranked	Accepted	New	Wake County Government	CoC Planning	Planning	\$351,331	
Wake CoC Application Total							\$7,378,974	
Not scored	Not ranked	Fully Reallocated	Renewal	CASA	Mckinney	PSH	\$0	\$ (233,550.00)
292.5	Not ranked	Fully Reallocated	Renewal	Passage Home	Ruth House II - FY24	PSH	\$0	\$ (319,747.00)
332.5	Not ranked	Rejected	New	Wake County Government	N/A	TH	\$0	\$0
322	Not ranked	Rejected	New	HOST	N/A	TH	\$0	\$0
87.5	Not ranked	Rejected	New	Sisu Living House	N/A	TH	\$0	\$0

ARD Amount (Renewals)	\$5,973,649
DV Bonus	\$1,405,325
CoC Bonus	\$1,053,994
Planning	\$351,331
Total Available to Apply	\$8,784,299

Tier 1	\$3,584,189
Tier 2	\$2,389,460
ARD Amount (Renewals)	\$5,973,649

2026 HDX Competition Report

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

To Print this Workbook:

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

To Save This Workbook as a PDF:

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

On Accessibility, Navigability, and Printability:

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

For Questions:

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

2025 HDX Competition Report

2026 Competition Report - Summary

NC-507 - Raleigh/Wake 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.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

NC-507 - Raleigh/Wake 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	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake 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	5,168	56.1	21.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	5,366	62.9	24.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	5,410	595.0	196.5
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	5,624	603.2	199.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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

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

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	90	17	18.9%	2	2.2%	2	2.2%	21	23.3%
Exit was from ES	499	69	13.8%	30	6.0%	30	6.0%	129	25.9%
Exit was from TH	62	0	0.0%	0	0.0%	5	8.1%	5	8.1%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	320	13	4.1%	5	1.6%	27	8.4%	45	14.1%
TOTAL Returns to Homelessness	971	99	10.2%	37	3.8%	64	6.6%	200	20.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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	5,445
Emergency Shelter Total	5,246
Safe Haven Total	0
Transitional Housing Total	254

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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)	247
Number of adults with increased earned income	14
Percentage of adults who increased earned income	5.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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)	247
Number of adults with increased non-employment cash income	84
Percentage of adults who increased non-employment cash income	34.0%

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

Metric	Value
Universe: Number of adults (system stayers)	247
Number of adults with increased total income	94
Percentage of adults who increased total income	38.1%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	38
Number of adults who exited with increased earned income	8
Percentage of adults who increased earned income	21.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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

Metric	Value
Universe: Number of adults who exited (system leavers)	38
Number of adults who exited with increased non-employment cash income	11
Percentage of adults who increased non-employment cash income	29.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	38
Number of adults who exited with increased total income	18
Percentage of adults who increased total income	47.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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.	5,093
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.	1,627
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)	3,466

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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.	5,531
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.	1,781
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.)	3,750

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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	537
Of persons above, those who exited to temporary & some institutional destinations	111
Of the persons above, those who exited to permanent housing destinations	151
% Successful exits	48.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

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	4,720
Of the persons above, those who exited to permanent housing destinations	834
% Successful exits	17.7%

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	538
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	523
% Successful exits/retention	97.2%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NC-507 - Raleigh/Wake County CoC

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

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	5,264	256	594	968	684
Total Leavers (HMIS)	4,678	188	59	347	404
Destination of Don't Know, Refused, or Missing (HMIS)	2,175	3	3	11	35
Destination Error Rate (Calculated)	46.5%	1.6%	5.1%	3.2%	8.7%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

NC-507 - Raleigh/Wake 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	Numbers adjusted to match more accurate dashboard.	
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.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NC-507 - Raleigh/Wake 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
ES	594	552	552	0	552	100.0%
SH	0	0	0	0	0	NA
TH	123	123	123	0	123	100.0%
RRH	315	315	315	0	315	100.0%
PSH	899	559	899	0	899	62.2%
OPH	0	0	0	0	0	NA
Total	1,931	1,549	1,889	0	1,889	82.0%

2025 HDX Competition Report

2026 Competition Report

NC-507 - Raleigh/Wake County

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted ^{***} Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	594	42	42	0	42	100.00%
SH	0	0	0	0	0	NA
TH	123	0	0	0	0	NA
RRH	315	0	0	0	0	NA
PSH	899	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	1,931	42	42	0	42	100.00%

2025 HDX Competition Report

2026 Competition Report

NC-507 - Raleigh/Wake County

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	594	594	594	100.00%
SH	0	0	0	NA
TH	123	123	123	100.00%
RRH	315	315	315	100.00%
PSH	899	559	899	62.18%
OPH	0	0	0	NA
Total	1,931	1,591	1,931	82.39%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NC-507 - Raleigh/Wake County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

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

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

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

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

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

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

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

2025 HDX Competition Report

2026 Competition Report - PIT Summary

NC-507 - Raleigh/Wake County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/22/2026	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	763	761	771
Safe Haven Total	0	8	0
Transitional Housing Total	88	71	72
Total Sheltered Count	851	840	843
Total Unsheltered Count	141	287	307
Total Sheltered and Unsheltered Count*	992	1,127	1,150

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

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

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	89	176	201
Total Unsheltered Count	55	105	97
Total	144	281	298



NC 507 – Raleigh/Wake County
3A-DP CoC's Policy or Statement to Advance Recovery

The Wake CoC Policy to Advance Recovery is embedded in the CoC's Written Standards which are reviewed and updated annually to ensure program compliance and continuity with HUD standards.

The latest version of the Wake CoC Written Standards was approved by the COC Governing Board in June 2026 and by the CoC Membership in July 2026.

Promoting Treatment and Recovery	Housing projects will not operate drug injection sites or safe consumption sites, knowingly distribute drug paraphernalia on or off property under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction". None of the above constitute a requirement that program participants must be sober in order to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement, although those practices may be allowable under 24 CFR 578. CoC-funded housing projects determined by the CoC to be in violation of the above are subject to immediate compliance review and monitoring. Housing projects are encouraged to provide substance use disorder treatment and connections to recovery housing.
---	---