

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: IL-501 - Rockford/DeKalb, Winnebago, Boone Counties CoC

1A-2. Collaborative Applicant Name: City of Rockford Human Services Department

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	5
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	5

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	10
24.	Other nonprofit homeless assistance provider(s)	Yes	10
25.	Other social service provider(s)	Yes	17
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	No	
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	10
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Health Department	Yes	1
47.			

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

(limit 2,500 characters)

The CoC has a PR and Membership Committee whereby 7 members meet monthly to discuss public outreach strategy and membership. CoC does a membership push at the beginning of each calendar year, it is open to new members all year around. The membership committee actively reaches out to individuals, businesses, and agencies and tries to encourage them to join the CoC. The committee members used the list in 1B.1 as a list of people to invite. Our website serves as our main marketing platform and details all of IL501's activities and services. Membership invitations and a link is listed on our website. This year, we have increased our efforts to bring in members of the business community. We have started hosting one on one meetings with business owners from our downtown business district. This provides a chance to talk to them about their questions and concerns and then giving them the information about and invitation too the CoC. So far, we have 3 businesses that have agreed to join and two that have agreed to joining the board. Additionally, we have been invited to their River District Association Meeting on 10/5/2026 to provide an overview of the CoC and some training on our programs. We feel that this will be another chance to encourage membership. While 1 business rep has agreed to join our board and two others have agreed to join the general membership CoC, we hope to get more in the future.

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

The CoC has multiple ways of soliciting ideas/opinions of stakeholders. One such way is on the CoC's website that ask for ideas/opinions, plus an overall description of "how we are doing". Interested parties are able to directly email the Collaborate Applicants. That information is then taken to the CoC board to discuss and consider changes. Additionally, the CoC has started a Lived Experience Advisory Committee. This committee currently has 8 consistent members and others who attend sporadically. They are currently going through all of the different components of the system and making suggestions for improvements. This program began earlier this year and so far, has discussed coordinated entry, intake, and outreach. They are also getting into discussing the emergency shelter system in the area. They will continue to go through the other programs (TH, PSH, PH) and also our goals, etc. We have already been taking their feedback and making changes to the system. Some ideas will require more thought and planning. Others, that center around information/communication have already been put into place. Finally, feedback is solicited from almost every single agency on their own individual services. These suggestions are reviewed by the individual agency's leadership team or boards and put into place, if appropriate.

Currently we have gotten feedback from people with lived experience, other services agencies, faith based organizations, government bodies including first responders, and other community members. While these entities are where the majority of feedback comes from, we are open to all feedback.

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

(limit 2,500 characters)

The Collaborative Applicant (CA) sent out a press release to all local media sources to inform the general public of the availability of funds for new agencies. Additionally, the CoC sent an email to all members letting them know of the new funding opportunities and asking them to share with their respective mailing lists. CoC members reached out to potential candidates to encourage them to apply for funding. Information soliciting new applicants was also posted on the CoC's website, CoC Facebook, CA Facebook, CA website, and some member agency social media sites, as well. All of the information sent out included information about obtaining and completion of the paper application, ranking and scoring, notification and Esnap's entry and training. They are also informed of where they can find the CoC applications and where/when to submit them.

This year, we did receive applications from 3 agencies that have not gotten funding before. They were provided with the necessary info, their applications were submitted and recommended for funding.

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

(limit 2,500 characters)

Our CoC will continue to incorporate comprehensive strategies for reducing homelessness. Using info that we gather regarding gaps from our data and our stakeholder feedback, we will update our strategies for the next year. In CY2025, our data showed an increase in unsheltered homelessness so we focused our strategies around reducing the number of people who were unsheltered. Although "unsheltered" is just one sub-population, we also have committees that work on and address the needs of homeless youth, families, veterans, and sheltered singles. Each committee is focused on how to get each household housed as quickly as possible, reducing the length of time homeless. For those getting housed, we want to focus on supportive services needed to keep them housed (reductions on returns to homelessness) or moved on to positive destinations. We want to see households to become self-sufficient.

As mentioned, this year we focused on unsheltered. This included moving 10 unsheltered households into housing each month. We have successfully completed this goal. However, we have also incorporated new strategies for street outreach. These strategies are designed to reduce the time people are on the streets and allow outreach staff to work with those who are "literally homeless" and need assistance the most and are willing to participate in their own success. This process includes giving participants "task" to complete to move through the process of getting housing--giving them buy in, rather than thinking staff will do everything for them. This process will be continued through the end of 2025. At that time, it will be re-evaluated to see if it working to reduce the number of unsheltered in our community.

The CoC has used some funding through the State of Illinois to do this work. However, we were able to get a private grant to work specifically with the unsheltered population and to pay for things that may be gaps in other funding programs. The City of Rockford's Health & Human Services Department who does that majority of street outreach and maintains our homeless data and By-Name Lists responsible for overseeing implementation of this strategy and reports back to the Unsheltered Committee. Other strategies will be assigned to the group/committee oversees that specific sub-population. All information about the strategies are ultimately reported back to the CoC board and full membership.

1B-5a Confirmation of Plan Coverage.

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

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

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

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- Frequently Asked Questions

1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	33%

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)

We are not a 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)

Our CoC has formal partnerships with Rosecrance (RWC), Remedies, and Ben Gordon Center (BGC) who all provide outpatient treatment for mental health & substance abuse. Rosecrance also staffs the Mulberry Center which services as a 24/7 crisis residential center.

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)

CoC partners with RWC's CORS (Community Outreach Recovery Support) program and BGC. RWC CORS is a peer recovery program. This program sends the peer recovery staff out in the community to work with people. They also have the Living Room which is an onsite peer recovery program that is open to anyone and is also 24/7. Several CoC programs are also working with the Elgin Community College to send program participants to Peer Recovery certification classes. We have multiple people from our area graduating soon with their certifications. Ben Gordon Center (BGC) has the Bridge Program which provides peer support to mother's and pregnant women to promote sobriety and reunification.

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)

Our CoC has formal partnerships with RWC who run the PATH program. PATH goes out to the community to connect with the homeless population to work on connecting them to services and to conduct mental health assessments. The PATH team can also make connections to the ACT and CST teams, that get people more intense services that they need. They ensure that there is a close looped between referring partners and RWC clinical team within 24 hours. The Jubilee Center is daytime drop-in center where people who live with mental illness are connected to services such as housing navigation, physical and mental health care, and other social opportunities. They work with people to ensure that they are compliant with their medication and bring acute and primary medical care and onsite counseling to their center. BGC has their mobile crisis unit.

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)

Our CoC works with specialty courts-Drug Court & the Wellness Track (MH Court). These programs enable structured intervention & wrap around care for high-risk individuals. CoC partners with RWC & BGC staff in both of these courts working to link people with needed mental health and substance use treatment including AOT. Other police & social work collaborations participate in the courts making needed referrals. The goal is to reduce police interactions and future court involvement.

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)

Ben Gordan Center (BGC) maintains a longstanding partnership and Memorandum of Understanding (MOU) with the Housing Authority of the County of DeKalb (HACD). With appropriate consent for information sharing, BGC and HACD regularly coordinate with Mental Health Court/Drug Treatment Court to support individuals who are experiencing housing instability. Collaboration may include housing applications, lease-up coordination, tenancy support, and ongoing communication between HACD property management, BGC staff, and treatment court teams. Stable housing is often incorporated into participants' treatment and recovery goals, helping support compliance with court requirements, engagement in services, long-term recovery, and successful graduation from specialty court programs. Additionally, RWC provides clinicians for specialty court who can make interagency referrals at any time. They often work with housing programs to ensure appropriate housing placements and other needed services. They partner with Coordinated Entry for anyone who is literally homeless and both Housing Authorities.

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)

CoC has partnerships with Rocetrance & Ben Gordan Center who oversees 988 crisis numbers & mobile crisis teams. We also work with the Crisis Co-Response team (CCRT) which is a partnership between local police and RWC/BGC clinicians. They identify subjects who are experiencing a mental health crisis & can provide intervention to assist in de-escalation of situations & helping people receive in-patient mental health/substance abuse services. Living Room programs are available in both counties.

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.	
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Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

Our CoC has formal partnerships with Rosecrance (RWC) & Ben Gordan Center (BGC) who are the local CCBHC. RWC is also a PATH provider, along with the Jubilee Center.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The CoC has a strong relationship with Rosecrance who operates Sober Housing at their Greendale House. They are able to accept referrals from CoC members and then at times when participants are ready to exit, CoC programs can assist with first month's rent/deposit or Rockford Township subsidies to provide them housing.

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

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

(limit 2,500 characters)

Our CoC is very strong in utilizing warm handoffs. We rarely send referrals with no follow up. CoC caseworkers contact provider programs directly via phone or email to inquire about vacancy availability and, with client consent, assess program fit and eligibility. Frequently, the initial case worker will also take the participant to the receiving agency for their initial meeting/intake. Ben Gordan Center (BGC) maintains strong, longstanding partnership with HACD through Shelter Plus Care, Public Housing, and Housing Choice Voucher programs and provides approximately 30 to 40 hours of on-site supportive services each week at Gurler Street Apartments (PSH). Through regular communication between behavioral health staff, case managers, and housing providers, individuals receive coordinated support to maintain housing stability, address behavioral health needs, and prevent returns to homelessness. As individuals demonstrate increased stability and independence, BGC and housing partners collaborate to support transitions to more independent housing settings while maintaining access to ongoing behavioral health services and recovery supports.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,784,900
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.	\$807,912
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	29%
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.	\$1,119,311
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).	69%

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 City of Rockford is the only ESG recipient in our service area. The City's Human Services Department serves as the lead agency and Collaborative Applicant for our CoC. Therefore, we have a very close relationship with the ESG recipient. The City annually submits an RFP to sub-grant ESG funds out to CoC members. They collect the applications and ensure that the minimum requirements are met. Then, they send the applications off to the CoC Ranking Committee. The Committee reviews and assesses the applicants and makes funding recommendations to the City. The CoC also participates in the Annual Action Plan or CAPER process with the City. City staff attend a CoC meeting to discuss the plans with the entire membership and take any comments/suggestions into consideration. CoC members also participate in the public meetings.

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)

All local emergency shelters are active Continuum of Care (CoC) stakeholders, participating across general membership, governing boards, and active committees. Shelters accept referrals directly from Coordinated Entry and community partners. To support self-determination and access, Coordinated Entry providers equip participants with comprehensive shelter information so they can connect with programs that best meet their preferences and eligibility. Additionally, shelter staff regularly participate in multi-disciplinary case conferencing to wrap around residents and streamline connections to permanent housing interventions.

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)

Our CoC shares all data with state or local government as needed. Most recently, we shared PIT/HIC data with the State of Illinois to help inform their state wide homelessness initiative. We try to keep the most recent data on our website so it is available to anyone that needs it and to be transparent. HMIS data and annual reports, including PIT and SPM data, are made publicly available in live and continuously updated dashboards:

<https://icalliances.org/data-visualizations#performance-measures-dashboards>

<https://icalliances.org/data-visualizations#point-in-time>

<https://greatlakes.dash-ica.org/>

Data such as PIT and SPM data are represented in dashboards and reports at a local level, which provides for its use at the local level as well as in statewide presentations, such as to the IL Office to Prevent & End Homelessness, local elected officials, and key stakeholders.

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

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

(limit 2,500 characters)

The Collaborative Applicant is able to access our state-wide STARS system which can help determine homeless status, history of homelessness, and different services that our clients have accessed throughout several statewide providers. We have also billed partnerships with local health providers that can help us determine admissions and discharges within their systems. We are also able to access local jail and court records to determine if people are currently incarcerated or going through any court proceedings. IDPH provides reports on disproportionate health risks faced by the IL homeless population. Many partners through all of our counties use a referral system called IRIS that better allows for data sharing and reporting. CoC has voted to make the use of IRIS strongly encouraged by all members.

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)

Currently the CoC does have an active partnership agreement with Workforce Connection and actively cross-refer for client services. We additionally work with Goodwill Industries who is an adult education provider and job training programs. There is also a formal partnership in place with them for client services. We do have a local Community College (Rock Valley) that we work with to refer clients and our City's HHS department has funds that can help students get enrolled in classes for high demand jobs. There are also scholarship programs for low-income individuals. BGC operates the evidence-based Individual Placement and Support (IPS) Supported Employment program, which helps individuals experiencing mental illness obtain and maintain competitive, community-based employment. As part of this model, BGC partner closely with the Illinois Department of Human Services Division of Rehabilitation Services (DRS) to coordinate vocational rehabilitation services, benefits counseling, job development, education and training opportunities, and other wraparound services. BGC employs a Certified Benefits Counselor who provides benefit planning and counseling services to IPS participants who receive public benefits. This collaboration helps individuals build job skills, secure meaningful employment, increase financial independence, and support long-term housing stability and recovery. RAMP has the Project Search program which is a one-year, business-based transition program that helps high school students and young adults with disabilities move successfully from school to competitive community employment. All three counties have WIOA programs that CoC members work with on a regular basis.

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)

We have regular and scheduled outreach with law enforcement and fire department personnel. At a minimum this is done twice a month with both entities. We work with the local city police department and our local park district police. We have an ongoing relationship with all of them and if there is something needed outside of the scheduled hours, they contact outreach staff and work together as needed. The fire department works closely with homeless outreach and the drop-in centers, through their Mobile Integrated Healthcare (MIH) program (community paramedicine). The MIH staff person receives referrals from multiple agencies and their own line personnel who they identify and believe need wrap around services. There are 4 MIH teams in total, with one team primarily working with unstably housed/homeless individuals. This MIH team is comprised of paramedic and a mental health nurse from one of our local hospitals. Outreach specialists also work with the Crisis Co-Response Team (CCRT), a multi-agency partnership that pairs law enforcement officers with mental health clinicians from RWC to respond safely and compassionately to behavioral health and substance use crises. Outreach specialists lead engagement efforts to build rapport, address immediate needs, and de-escalate crises. Because outreach teams often maintain established relationships with returning individuals—unless a participant is brand new to the area—their existing rapport simplifies response efforts and streamlines coordination across partners. Police & Fire personnel have direct contact lines to outreach supervisors &/or designated members to the CoC allowing them to transfer individuals in need to outreach teams when they do not need a law enforcement intervention. Also, in DeKalb there is an MIH program that work with the super utilizers of the system.

Previously, law enforcement & other first responders did not necessarily communicate with CoC outreach staff to notify us when they identified unsheltered people. This meant that if they identified or moved them, either outreach staff did not get to connect with them right away or they may have lost contact with them. Having more open communication should allow us to improve our system performance measures by being able to track our exits from outreach better and close the loop on where people go.

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)

Our CoC members work with their clients when it is safe and healthy to re-unite them with their support systems if appropriate support systems exist. While in programs, case workers assist facilities with these relationships. This could mean assisting in tracking down contact information, arranging calls or visits, and even setting up mediation sessions. In addition, when there are opportunities to re-unite and go back to live with family members or other supports, that option is considered and help make the arrangements to get them there. This often means arranging travel, making sure they have food/funds to get food for the trip. Transportation is usually handled with a purchased bus ticket paid for by CoC members. These trips can sometimes be long & we work with the receiving family to arrange pick up. CoC members also work with DCFS to support reunification with children, when possible, once they have completed their services plans and accomplish the reunification goals.

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 maintains a strictly collaborative governance model that respects local municipal autonomy and statutory frameworks. The CoC does not interfere with, impede, or duplicate local efforts to address public safety, encampment management, or community welfare. Instead, the CoC integrates its housing and service delivery infrastructure with local municipal plans, ensuring seamless alignment across planning bodies, public health initiatives, and code enforcement protocols. First responders receive training to connect directly with Human Services employees who already have a relationship with a homeless individual. This collaboration ensures the right support is on scene immediately, providing proper care for the individual while allowing officers to quickly return to service.

Our CoC works with law enforcement, first responders, and local code enforcement officials to clear tents and encampments; ensure that we continue to not have issues with public use of illicit drugs; use cooperative measures to address danger to self or others; and share information regarding sex offenders.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC works with local Code Enforcement officials to clear encampments. Code Enforcement generally receives complaints from citizens regarding encampments or sees them while actively patrolling the city. They will then notify police and outreach staff, and they will go together to investigate. If they find it to be an active campsite, outreach staff talks with the inhabitants to offer information on shelters or housing programs. Code enforcement, follow city regulations, giving them 48 hours to clean up and vacate the site. During those 48 hours, outreach staff continue to work with the inhabitants to ensure they are getting their belongings and are signed up for homeless services. After the initial 48 hours, everyone will return to the site at which time, Code enforcement would schedule the actual clean out of the site, if needed. Police are present to ensure the safety of everyone involved. Our City policies help the CoC to quickly clear encampments, so we do not require mitigating steps at this time.

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)

We are fortunate as a CoC that we are not subject to many large encampments. This past year larger encampments have been found, but those have now been cleared out. We do have smaller camps comprised of only 1-3 tents. If those are found, the local laws/ordinance are followed. Many are hidden and out of site, camping is not allowed in any of our parks or public spaces. We do have a more transient unsheltered population who sleep outside in various locations with just a sleeping bag. They do not set up the more permanent encampments that are seen in other communities.

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)

Our local laws do not allow for public use of illicit drugs. While some communities may overlook these laws, if you are doing illicit drugs in our community, you will be arrested. There are special SCOPE Teams, Specialized Community Oriented Police Enforcement, assigned to this. This helps the CoC's ability to decrease public use because the citizens know that public usage is not allowed and they will be arrested. If the CoC learns someone has been arrested for public use, then we can work with them to try to get them into appropriate treatment services. The Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5) provides clear legal criteria for emergency transport, evaluation, and involuntary crisis stabilization when an individual using drugs in public presents an immediate, acute danger to themselves or others. Rockford Fire Department's Mobile Integrated Healthcare (MIH) unit, partner with law enforcement to navigate individuals using drugs in public directly into behavioral health triage, or detox rather than default incarceration. Specialized court programs, including the Winnebago County Drug Court, provide structured legal diversion where individuals cited for public illicit drug offenses enter court-monitored, evidence-based treatment and recovery housing.

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

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

(limit 2,500 characters)

The overdose rate in our CoC has reduced over the last 5 years. While aggressive community naloxone distribution and proactive emergency interventions have led to a measurable reduction in fatal overdoses across Rockford and Winnebago County, non-fatal overdose events and acute substance-related crises in public spaces remain persistently elevated.

Street-level illicit drug use is overwhelmingly driven by illicit fentanyl and synthetic opioids, increasingly complicated by multi-substance consumption with stimulants (methamphetamine, cocaine) and non-opioid sedatives (xylazine). This shift increases the clinical complexity of field resuscitations, wound care management, and immediate stabilization in public spaces.

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)

CoC partners with the CCRT programs in both counties to address individual who are a danger to themselves or others. The programs have trained staff to deal with these situations and are able to do the paperwork to get them into inpatient programs to address their needs. Dekalb County additionally have the Mobile Crisis teams that are connected to the 988 numbers who go onsite when individuals are having these types of emergencies and can also connect them with ongoing services. If the situation would warrant involuntary commitment, the police or other mental health workers would complete a Form 5 documents to get them hospitalized. DeKalb County, also has a 211 number that provides assistance for emotional support. RFD MIH teams deploy multidisciplinary responders—including paramedics, behavioral health specialists, and peer navigators—directly to unsheltered locations, encampments, and emergency shelters. By providing immediate field-based psychiatric triage, medical stabilization, and de-escalation, MIH resolves acute crises on-site, drastically reducing the need for involuntary holds or law enforcement intervention. Rather than relying on traditional 911 dispatch routes that default to emergency departments or jail, MIH routes individuals directly to low-barrier crisis stabilization centers or detox centers. Once stabilized, MIH teams connect individuals to the CoC's Coordinated Entry System.

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)

Local laws require that our local police participate in the sex offender registration and works with the state and national tracking system. Sex offenders living within the CoC's geography must register at the appropriate place. For those living in the City limits of Rockford, they must register weekly in person at District 1 PD station. Local law enforcement data feeds into the broader Illinois State Police Sex Offender Registry which complies with all state and federal laws like SORNA. These policies help the CoC because we have access to look up the Sex Offender information that we need and we can reach out to the local police departments to make sure that any housing placements meet the legal standards. Additionally, if CoC members see that homeless individuals are out of compliance, they have to register and be in compliance with all reporting requirements. The Police and CoC agencies have a good communication in regard to sex offenders, so we do not have any mitigating steps at this time. DeKalb County follows the same registration rules, and they also cross check their homeless by-name list with their local sex offender registry ensuring their knowledge of the participants and making sure that they are in compliance with their sex offender reporting requirements.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The Continuum of Care (CoC) maintains a robust and comprehensive outreach plan built in close collaboration with local homeless service providers, law enforcement, and first responders. Rockford area coverage includes targeted tracking of the homeless. The CoC keeps an up-to-date directory of locations where unsheltered individuals and families report or are discovered by outreach staff. These locations are visited regularly to maintain ongoing contact and ensure that new individuals have not moved into spots previously vacated. Rockford outreach teams partner directly with the Rockford Park District Police, Rockford Police, and Rockford Fire Department, who share locations of individuals so staff can quickly connect them with services. Teams cover all of Rockford as well as Winnebago and Boone counties, conducting daytime outreach across both counties and nighttime outreach at least once a week using known "hot spots," client reports, and tips from the community and first responders. The Winnebago and Boone County Sheriff's Offices, along with the Belvidere Fire Department, frequently transport individuals directly to the CoC CES office or report locations to help cover more rural areas. Outreach staff also partner with the Boone County Community Outreach, Advocacy & Recovery (COAR) program which is a partnership between the Belvidere Police, Boone County Health Department & Rosecrance Mental Health & Substance abuse providers).

Expanding Efforts: Historically, DeKalb has had limited street outreach, but recent months have seen significant growth. The City of DeKalb is actively working with local providers, law enforcement, and the CoC to provide street outreach and build a strategy modeled after Rockford's successful approach. DeKalb is included as an approved new project in this application since it currently receives no dedicated street outreach funding. Securing a grant for street outreach will enable DeKalb to hire and fund dedicated staff specifically for these outreach efforts.

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

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

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

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

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

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

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

(limit 2,500 characters)

Advocates complete a FIT referral and help arrange bussing for school-age children. They also discuss early childhood education with any parents with young children. A copy of the FIT referral is provided to program participants. Most families have already been involved with the FIT before they reach Shelter Care since they've likely been in another shelter prior to entry.

The DeKalb County Regional Office of Education (ROE) has a dedicated McKinney-Vento Advocate who works with children and families experiencing homelessness. The Advocate helps families navigate educational requirements and maintain school stability while also connecting them with housing resources, employment services, and other community-based supports. This coordination helps address the multiple barriers families may experience while they are homeless and supports children in remaining engaged in their education.

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

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

(limit 2,500 characters)

The CoC collaborates with the local Illinois Department of Children and Family Services (DCFS) to provide Services for foster youth or families with children in the welfare system. DCFS provides housing to youth who are in the child welfare system through many programs until the youth's 21st birthday. These programs include traditional foster care placement, Independent Living Programs, Transitional Living Programs and other residential programs. Youth enrolled in the Youth in College program prior to their 21st birthday can continue to receive a monthly payment while they are enrolled in a college or employment training program that can help with housing payments up until their 23rd birthday. IDCFS sought and obtained federal approval to use federal Independence Facilitation Grant funding until the youth turns 23. IDCFS provides the Youth Housing Assistance Program (YHAP) to help youth under the age of 21 who are aging out of, or have aged out of, DCFS care obtain and maintain adequate housing. YHAP provides housing advocacy and cash assistance to young people ages 18 to 21. Cash assistance includes assistance with security deposit and move-in expenses, crisis assistance to pay rent or utility arrears. Youth who receive a housing choice voucher through the Fostering Youth to Independence (FYI) Program or Family Unification Program (FUP) can receive housing advocacy services until they turn 27 and cash assistance until they turn 23. Youth who are not yet 21 who have already aged out of care may also receive a rental subsidy up to \$500 per month. Youth who age out of care but later decide that they want to return prior to turning 21 can do so by contacting DCFS and will then be eligible to receive services from programs discussed above. IDCFS provides \$1,433 in transitional funds to eligible youth who aged out of care who participated in DCFS provided transition planning meetings and financial literacy training prior to turning 21.

The CoC and IDCFS signed a MOU with the WCHA to serve youth through FUP and FYI. We meet monthly to make sure we are provide appropriate services and eliminate any barriers. We also signed an MOU with the Rockford Housing Authority to serve youth through FUP.

Additionally, CoC members work collaboratively in many cases with the agencies who contract with DCFS to do their intact family programs. This allows the families to receive services to help ensure their housing stability.

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)

In addition, IDCFS administers the Comprehensive Community Based Youth Services Program to assist youth who have runaway or have been locked out of their parent's home. While the primary goal is to reunite the youth with their parent, IDCFS will provide other assistance when that is not possible. If a relative caregiver, including fictive kin, is available, IDCFS can support the relative caregiver through their Extended Family Support Program to assist the caregiver without bringing the child into DCFS care.

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)

Shelter Care has a RRH project exclusively for families, (which will change to a TH project with the grant application – dedicated exclusively for families).

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)

Housing Advocates address income at intake and every case management meeting. Households with no cash income are screened for TANF and assisted with applications, and Advocates track each family's progress toward the 60-month limit. Adults unable to work due to disability are assisted with SSI/SSDI applications.

For adults able to work, Advocates refer them to job fairs, Workforce Connections, and Goodwill Industries — both have CoC agreements. Adults without a GED are referred to Rock Valley College or Goodwill for GED courses.

In this program, among adult leavers with income data at both start and exit, 50% increased their overall income, with an average gain of \$946. Adults who retained or grew earned income saw an average gain of \$1,247.

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)

Shelter Care connects families to mainstream benefits as part of regular case management. Advocates identify benefits the family could receive, but is not currently receiving at intake and assists with TANF, SNAP, and SSI/SSDI applications, tracking each household's remaining TANF eligibility window.

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)

All school-age children in Shelter Care's family housing program(s) are required to be enrolled in an educational program, and Advocates make referrals to appropriate educational opportunities for both children and adults.

Working households in Rapid Rehousing qualify for a childcare subsidy through the Child Care Assistance Program (CCAP), which is also available to families experiencing homelessness, so parents can look for employment while their children are cared for.

Advocates help families access healthcare, including pregnancy-related and child healthcare, by removing transportation barriers to care through rides, bus tokens, and gas vouchers.

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 has formal partnerships with the Veteran's Path to Hope. They are also active CoC members and on the board. They are a provider of SSVF, basic needs, counseling services, TH, a reintegration program. and other veteran's supportive housing. Additionally, the CoC partners with the VA for the HUD VASH program where they partner with all 3 of our local PHA's (HACD, WCHA, and RHA).

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

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

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

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

(limit 500 characters)

The CoC has 3 member agencies & partnerships with those providers. Remedies & Safe Passages provide shelter, supportive services, and housing programs for survivors and accept referrals from the CoC. We also work with our local Family Peace Center which is a non-profit that provides an assortment of supportive services and wrap around services to 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 has a partnership with the County jail's case managers/discharge planners and work with them frequently to try to identify possibly placements for people once they are released from jail. The planners are well aware of coordinated entry, attend case conferencing and have access to our housing applications and landlord listings.

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)

City of Rockford HHS has a Medical Respite project that partners with Rockford Fire Department (Mobile Integrated Healthcare), UW Health (hospital), Crusader Community Health (FQHC), and the Rockford Rescue Mission. This program is designed to accept people being discharged from the hospital to recover or to help people prepare for upcoming medical procedures. Services include a safe place to sleep and housing/medical case management onsite. This program is for those with high medical needs.

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

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

(limit 500 characters)

The CoC has a partnership with two agencies that specialize in the aging population. These agencies are Lifescapes & Northern IL Area Agency on Aging (NIAAA). Services include housing & utility assistance, case management, budgeting, meals, etc. CoC often help with housing while they provide the other support services. In DeKalb there is a senior tax levy that provides funding for several senior serving organizations.

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)

Our Rosecrance 2003 PSH program prioritizes chronically homeless individuals who have been diagnosed with a mental illness. All of our housing programs throughout the CoC prioritizes the chronically homeless due to our scoring mechanism in Coordinated Entry.

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 sub-recipient for this grant, Rosecrance, is the local mental health provider and provides on-site services. All of the participants have a case worker who they must see at least monthly. In addition, many participants have a Community Support Team (CST) or Assertive Community Treatment (ACT) mental health worker who visit their home, on an as-needed schedule. The individuals are also eligible to go to the center for any other needed services including visiting a therapist or can do so virtually. Any of the forementioned workers can assist the participants in getting to services at the center.

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)

Assessments are completed every 6 months with the program mentioned above. If the level of need is higher, the staff will make a recommendation for more intensive care. Examples of that being an assisted living or nursing home. Additionally, they have their own 24/7 mental health living facility where they can also make referrals and work toward placements.

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)

The CoC (including the program in 1C-19) has the "Moving On" policy that includes an assessment. This assessment garners a score that suggests when people are ready to move on to other types of programs. This assessment is conducted annually.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/03/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/03/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. Based on the CoC's policy, new projects can be created through reallocation. This allows CoC's to reallocate part or all of a renewal project's funding in order to create one or more new projects that meet both HUD priorities and local needs by improving the CoC's outcomes and reducing homelessness more effectively than the reallocated renewal project. The reallocation of funds and/or project(s) may occur in the following circumstances: (1) The applicant makes the determination to not submit an application for a renewal project (includes applicants who wish to make a change in recipient/sub-recipient), (2) Due to poor performance or other justifications based on a failure to meet HUD priorities or local needs: the Ranking & Scoring Committee recommends that a renewal project is not submitted to HUD in the annual competition, or the Ranking & Scoring Committee recommends that a renewal project is submitted to HUD in the annual competition, but at a reduced funding request. Process: The Ranking & Scoring Committee, using approved Rating Criteria and Review, Ranking, and Selection Policies, reviews and ranks projects and makes recommendations for reallocation. All recommendations by the Ranking & Scoring Committee must be ratified by the CoC Board. NOTIFICATION: The applicant of a project recommended for reallocation is notified, in writing, via email and letter. Notification must occur within the timeframe established by HUD, and no later than fifteen (15) days before the CoC Consolidation Application submission deadline to HUD. Agencies with reallocated projects are able to appeal the decision per the CoC's written appeal process. Once the CoC Board approves the Ranking & Scoring Committee recommendations, the ranking and funding decisions are deemed final for the local competition.
2. The CoC did not identify any low performing projects; however to be inline with HUD priorities, the CoC did determine that all RRH projects were "less needed" and would be reallocated and when appropriate transitioned to Transitional Housing or other grant types. Agencies also worked to determine appropriate cuts to grants in order to keep their projects within Tier 1 funding.
3. Yes, our CoC reallocated three rapid-rehousing grants and reduced two PSH grants who's funding was then reallocated to other new projects.
4. N/A--we did reallocate.

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

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

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

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

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

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

(limit 2,500 characters)

1. The only changes made to our methodology was in the DeKalb County area. Their methodology changed by conducting significantly more street outreach during the PIT. Usually, they relied on police assistance, but they did have CoC members and volunteers out on the night of the PIT conducting surveys. In Winnebago & Boone counties, the methodology stayed the same as previous years. Agency staff, volunteers, Fire and Police Departments provided support and guidance. Surveys were conducted using the same google documents as in previous years.

2. The CoC feels that that the increased street outreach in DeKalb allowed for a more accurate count of the unsheltered population in that area. The number of unsheltered increased from 5 in DeKalb in 2025 to 14 unsheltered in 2026. Although we do not want our numbers to increase, we prefer to have a more accurate count.

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

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

(limit 2,500 characters)

During the evaluation period, January 1-December 31, 2025, the CoC focused on reducing unsheltered homelessness through increased street outreach, emergency shelter, Coordinated Entry, housing navigation, and connections to supportive services. Outreach providers worked directly with individuals experiencing unsheltered homelessness to identify needs and connect them with shelter, services, and permanent housing. The CoC has also strengthened coordination among local providers through Homeless Case Conferencing, bringing service providers and community partners together to identify individuals experiencing homelessness, coordinate available resources, address barriers, and connect individuals with the services necessary to obtain and maintain housing.

The City of DeKalb also considered a proposed no public camping ordinance in response to concerns regarding camping on public property. The proposal was ultimately not adopted. The discussion highlighted the importance of pairing community responses to encampments with meaningful outreach, shelter opportunities, supportive services, and pathways to permanent housing.

The City of Rockford Health & Human Services worked with partners to start a Mental Health & Unsheltered Homelessness committee, focused on the participants who all of our agencies are engaging with, often those who have significant mental health or substance abuse issues and working together to link them to needed services. This committee is made up of the police Crisis Co-Response team, Rockford Fire's Mobile Integrated Healthcare program, UW Health (local hospital/healthcare system), Winnebago County Jail discharge staff/case workers, 17th Circuit Court Wellness Track staff, Code Enforcement, Rosecrance (mental health & substance abuse provider, 988, triage center), homeless outreach teams, and other providers.

Together, these efforts reflect the CoC's focus on engagement, coordinated services, and housing solutions to reduce the number of people experiencing unsheltered homelessness.

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

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

 nbsp;nbsp;

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

(limit 2,500 characters)

We used calendar year 2025 (January 1--December 31, 2025) as our evaluation period. At the start of the evaluation period, we only had one individual living in an encampment that we were aware of, living in an outdoor structure that he had built. All other unsheltered people that we were aware of had moved into the warming center for the winter. The same was true at the end of the evaluation period. This was known because staff continue to do outreach throughout the winter. There were other encampments during the year who staff engaged with to get into housing situations. The CoC will continue to identify unsheltered people who are living in encampments and work with the appropriate officials to clean up those encampment and get people into needed treatment programs or housing.

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)

Our strategy to reduce first-time homelessness is anchored in the comprehensive overhaul of our homeless prevention and shelter diversion framework. Capitalizing on our recent participation in the State's 100-Day Shelter Diversion Challenge, our community successfully diverted 98 households from entering the homelessness system. This milestone was achieved by collaborating with cross-sector stakeholders to design and pilot a centralized, cross-agency referral system. Building on this momentum, the working group continues to meet regularly to refine workflows, address operational challenges, and scale system capacity. To sustain these outcomes and provide families with stabilizing wrap-around services, the CoC is adopting IRIS—a community-wide software platform that enables partners to seamlessly make, track, and report on cross-agency referrals.

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)

To reduce the length of time individuals, experience homelessness, our Coordinated Entry outreach team has implemented an immediate, action-focused stabilization strategy upon initial contact and verification. Individuals are promptly engaged in proactive housing readiness steps. Depending on their needs, outreach workers assist participants in securing essential vital documentation (such as IDs), immediately completing housing applications to access waitlists, or connecting directly with workforce development and training resources to build income and long-term self-sufficiency. We continue to work with our local PHA's ensuring that all homeless clients receive their appropriate preference points. In both DeKalb and Winnebago/Boone counties, we conduct case conferencing meetings to discuss barriers to housing and try to speed up the time it takes to obtain housing for these individuals. While these are CoC wide case conferencing efforts, multiple agencies do their own internal case conferencing to also help identify and remove barriers to housing the clients that they are working on.

There are various outreach staff that go to the local shelters and day drop in centers to help get them moving forward and make sure they are also applying for housing options.

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?	39.70%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

This data was collected from the HMIS system using all current TH/RRH/PSH programs and their exits between 01/01/2025-12/31/2025. In the year, there were a total of 365 exits. Of those, 145 exited to non-subsidized housing. RRH had 96 exit to nonsubsidized housing, while PH had 27 exit to nonsubsidized and TH had 23 exit to nonsubsidized housing.

The following data elements were used:

HMIS Data Element 3.12 (Exit Destination):

- Staying or living with family, permanent tenure;
- Staying or living with friends, permanent tenure;
- Rental by client, no ongoing housing subsidy; and
- Owned by client, no ongoing housing subsidy.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/26/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	301	72	301	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	101	76	177	100.00%
4. Rapid Re-Housing (RRH) beds	221	0	0	100.00%
5. Permanent Supportive Housing (PSH) beds	519	0	519	100.00%
6. Other Permanent Housing (OPH) beds	112	0	112	100.00%

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

(limit 2,500 characters)

We are not below 84.99%.

3A. Policy Initiatives

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

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

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

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

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

4A. Attachments Screen For All Application Questions

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

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

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

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1 List of unit...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Program requiring...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Service Agreement	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Partnership for A...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	IL501_FY2026 Rank...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	il-501 Competitio...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD 2996	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: 1C-1 List of units with SA treatment

Attachment Details

Document Description: Program requiring SA treatment

Attachment Details

Document Description: Service Agreement

Attachment Details

Document Description: Partnership for Advanced Public Safety

Attachment Details

Document Description: IL501_FY2026 Ranking Tool

Attachment Details

Document Description: Local Competition Results

Attachment Details

Document Description: il-501 Competition Report

Attachment Details

Document Description: HUD 2996

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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



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

Renewal, Transition, Reallocated & New Bonus Grants	Funding Type	Type	FY2026 Requests	FY 2026 Approved	Substance Use treatment on site?
FY 2024 Rosecrance 2003 Renewal	Renewal	PSH	\$201,379.00	\$201,379.00	Yes
FY2024 Rosecrance Consolidated S+C Renewal*	Renewal	PSH	\$631,112.00	\$631,112.00	Yes
Rosecrance Consolidated---New Transitional housing	transition grant	TH	\$442,968.00	\$442,968.00	Yes
Rosecrance-Veteran Program	New Bonus	TH	\$328,290.00	\$238,176.00	Yes

IL-501 has a total of 12 applications for TH/RRH/PSH projects. Of those, 4 projects has substance use treatment available on site.



02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

IL-501 does not have any programs that require Substance Abuse Treatment at this time.



Supportive Services Participation Agreement

Introduction

[Agency Name] provides supportive services designed to assist participants in their housing programs in identifying goals, accessing resources, strengthening stability, and working toward greater independence. **It is required that housing tenants participate in a minimum of 20 hours of supportive services (such as those listed below) unless they are employed.**

Services

Supportive services may include, but are not limited to:

- Case management
- Housing stability and resource navigation
- Employment and education support
- Benefits and community resource assistance
- Life-skills and budgeting support
- Transportation/resource coordination
- Referrals and coordination with community providers
- Other services based on individual needs including mental health & substance abuse counseling

Service Plan

The participant and case manager will work together to identify goals and develop an Individual Service Plan (ISP) or service plan that describes the agreed-upon goals, services, and frequency of contact.

Participation & Communication

Participation in the supportive services outlined in your service plan is expected to be active and collaborative. You are encouraged to communicate any changes in your circumstances, needs, contact information, or income that may affect your services or eligibility.

Changes to Services

Services are tailored to your individual needs and may be updated as your circumstances change.

Participant Acknowledgment

By signing below, you acknowledge that you have had an opportunity to ask questions, understand the purpose of supportive services, agree to participate in the services identified in your service plan, and understand that you may discuss any concerns or request changes with your case manager. You also acknowledge that you understand the 20 hours is a requirement unless you are working, in order to maintain your housing. If you do not complete the 20 hours monthly, you risk termination from the program.

Participant Signature

Date

Case Manager/Staff Signature

Date



COMMUNITY PARTNERSHIP AGREEMENT

Supporting Children, Families, and Individuals Experiencing Homelessness and Housing

Instability Between
NORTHERN ILLINOIS HOMELESS COALITION And
THE CITY OF ROCKFORD, ROCKFORD POLICE DEPARTMENT

1. PURPOSE

The Northern Illinois Homeless Coalition is providing Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety contained within this agreement.

This Community Partnership Agreement ("Agreement") establishes a formal partnership between the Northern Illinois Homeless Coalition ("Coalition") and the City of Rockford, IL, Rockford Police Department ("RPD").

The purpose of this Agreement is to establish a collaborative framework to enhance coordination among community entities serving individuals and families facing homelessness, housing instability, or related barriers to self-sufficiency. Both agencies commit to maintaining open communication channels while adhering to applicable departmental policies and governing laws.

The Parties recognize that housing, education, healthcare, employment, family support services, polices and laws along with other community resources play important roles in improving outcomes for vulnerable individuals and families. Through this partnership, the Parties seek to improve communication, training, referrals, service coordination, and access to resources in a timely fashion.

This Agreement documents the Parties' shared commitment to collaboration and does not create financial obligations or reporting requirements beyond those already required by each organization's respective programs, funding sources, and governing regulations.

2. SHARED GOALS

The Parties agree to work collaboratively to:

- Increase awareness of available community resources.
- Improve access to services for individuals and families experiencing homelessness or

housing instability.

- Strengthening coordination between community systems.
- Reduce barriers that prevent individuals and families from obtaining needed services.
- Promote stability, self-sufficiency, health, education, and overall well-being.
- Support equitable access to community resources.

3. AREAS OF COLLABORATION

As appropriate and consistent with each organization's mission, capacity, and policies, the Parties may:

- Share information regarding available programs and services.
- Refer individuals and families who may benefit from services offered by the other Party.
- Facilitate connections to housing, supportive services, education, healthcare, employment, childcare, behavioral health services, legal assistance, or other community resources.
- Participate in community planning, networking, and coordination activities.
- Collaborate on outreach efforts serving vulnerable populations.
- Identify opportunities to improve service delivery and address community needs.
- Designate organizational contacts to support communication and referrals.
- Participate in periodic discussions regarding partnership activities and community needs.
- Work together to decrease the public use of illicit drugs.
- Health and human services provide specialized case management to ensure SORNA requirements are adhered to:
 - Local Reporting Guidance
 - Frequent Check-in Support
 - Housing and Shelter Navigation
 - Actively working with local, state, and federal authorities to ensure compliance of the homeless client.

The CoC partners with local authorities prior to encampment resolutions to deploy street outreach teams, housing navigators, and mobile crisis units. While law enforcement addresses public space management, **(the strategies, legal powers, and operational frameworks used by police and security agencies to regulate behavior, maintain order, ensure safety, and dictate access within publicly owned environments)**, CoC providers conduct pre-clearance outreach, offer immediate temporary shelter placements, and facilitate long-term housing navigation. This coordinated approach ensures site resolutions are conducted safely, efficiently, and with direct pathways to supportive services without hindering municipal operations.

When individuals present an acute mental health crisis or pose a threat to themselves or others, CoC outreach workers work in strict alignment with local law enforcement, mobile crisis intervention units, and emergency mental health professionals. Staff follow established local legal frameworks and clinical standards (including involuntary commitment/evaluation protocols where legally warranted) to ensure immediate crisis stabilization. CoC providers step in post-stabilization to ensure warm handoffs into permanent supportive housing with intensive clinical case management.

Our Continuum of Care (CoC) actively collaborates with local law enforcement, emergency

management, and first responders to support public safety priorities while ensuring individuals experiencing homelessness receive humane, immediate care. The CoC respects local jurisdictional efforts and maintains policy guidelines to ensure homeless service providers coordinate with, rather than impede or interfere with, local public safety operations.

Nothing in this Agreement obligates either Party to provide services beyond those available through its existing programs and resources.

4. CONFIDENTIALITY AND INFORMATION SHARING

The Parties agree to protect confidential information and personally identifiable information in accordance with applicable federal, state, and local laws and regulations. Participant information will only be shared when authorized by the participant or otherwise permitted by law.

Each Party remains responsible for compliance with all confidentiality requirements applicable to its programs and operations.

5. NON-FINANCIAL RELATIONSHIP

This Agreement does not create a financial relationship between the Parties. Each Party remains independently responsible for its own operations, personnel, funding, liabilities, and program requirements.

Nothing in this Agreement shall be construed as creating a joint venture, partnership, agency relationship, or contractual obligation for services.

6. COMMUNITY COORDINATION

The Parties acknowledge the value of cross-sector collaboration in addressing homelessness and housing instability.

The Coalition may use this Agreement to document community coordination efforts for local planning initiatives, community assessments, strategic planning activities, and federal, state, or local funding opportunities.

Participation in such activities does not obligate the Partner Organization to apply for, administer, or receive funding through the Coalition.

7. TERM OF AGREEMENT

This Agreement shall become effective on August 1, 2026, and remain in effect for a period of three (3) years unless terminated earlier by either Party.

Either Party may terminate this Agreement by providing thirty (30) days written notice to the other Party.

The Parties may review and renew this Agreement upon mutual consent.

8. PRIMARY CONTACTS

Northern Illinois Homeless Coalition

Name: Todd M. Kisner

Title: Chair Phone: (815) 720-4071

Email: tkisner@publichealth.wincoil.gov

Partner Organization

Name: Rockford Police Department

Title: _____ Phone: _____

Email: _____

9. SIGNATURES

The undersigned affirm their organizations' commitment to collaboration and community partnership as described in this Agreement.

NORTHERN ILLINOIS HOMELESS COALITION

Authorized Representative: Todd M. Kisner

Title: Chair

Signature: _____

Date: _____

PARTNER ORGANIZATION

Rockford Police Department

Authorized Representative

Title: _____

Date: _____

Police Department Signature: _____

IL-501 Project Ranking and Scoring Tool — FY 2026

Overview and Purpose

This tool is used by the IL-501 Ranking and Scoring Committee to evaluate and rank HUD CoC Program projects for the FY 2026 competition. Rankings produced by this tool determine the IL-501 CoC Priority Listing, which governs Tier 1 and Tier 2 project selection. Per the NIHC FY2026 Internal Competition Policy, Tier 1 consists only of renewal PSH projects (ranked by renewal score) plus system-wide HMIS and Coordinated Entry infrastructure renewals; all other eligible projects are ranked in Tier 2 in the fixed order set by that policy (transition-grant TH/SSO first, scored by prior renewal score; then new system-wide infrastructure; then non-transition new TH/SSO; then new DV Bonus; then any Tier 1-ineligible renewals, if funding remains).

Two separate rubrics are included:

- Part 1 — Renewal Project Scoring Rubric (100 points): For projects renewing under the same component type with prior APR performance data.
- Part 2 — New and Converting Project Scoring Rubric (100 points): For new projects and projects converting from one component type to another (e.g. RRH converting to TH).

POLICY NOTICE	Per the NIHC FY2026 Internal Competition Policy, this scoring tool operates within the following CoC-wide constraints that no individual project score can override: (1) at least 30% of total Annual Renewal Demand must be directed to supportive services , a CoC-wide floor the Ranking and Scoring Committee must verify across all awards, not any single project; (2) acquisition and rehabilitation line items are ineligible for all project types this funding round, even though HUD permits them for TH and SSO; and (3) new PSH applications are permitted in Part 2 by Committee decision , per the NIHC FY2026 Internal Competition Policy (Project Application Type Eligibility Matrix, adopted by CoC Board July 2, 2026) — new PSH is now explicitly allowed in policy, not a committee override. RRH renewal ineligibility remains in force; see notice in Part 1. Existing RRH grantees may apply as a transition grant (converting to TH) through Part 2.
NOFO	This rubric is designed to meet the FY 2026 HUD CoC Program NOFO requirement (Section V.B.1.a) that local scoring tools use objective criteria for at least 50% of available points and system performance measures for at least 25% of available points. All criteria in Part 1 are objective and data-driven.

How to Use This Tool

Scoring Process

- Each committee member scores each project independently using the applicable rubric (Part 1 or Part 2).
- Scores are collected and averaged across all committee members to produce a final composite score for each project.
- Projects are then ranked from highest to lowest composite score to produce the draft Priority Listing.

- In the event of a tied score, the tiebreaker is the project's score on Criterion A1 (Exits to Permanent Housing for renewals; Addresses Identified Gap for new projects).

Conflict of Interest

- Any committee member employed by or affiliated with a project applicant must recuse themselves from scoring that project.
- Recusals must be documented in the committee meeting minutes.

Tier 1 and Tier 2 Placement

- Projects are placed into Tier 1 (60% of IL-501's Annual Renewal Demand) in rank order, highest score first, until the Tier 1 dollar amount is exhausted.
- Remaining projects are placed in Tier 2. Tier 2 projects compete for funding based on a 100-point HUD scale: 50 points from the CoC Application score, 40 points from the CoC's local ranking, and 10 points for service participation.
- A higher CoC Application score benefits all Tier 2 projects equally. Maximizing the CoC Application score is therefore a shared interest of all applicants.

50% Agency Concentration Cap — Committee Decision

The IL-501 Ranking and Scoring Committee has adopted a 50% Agency Concentration Cap for FY2026 Tier 1 ranking. IL-501's total ARD (including HMIS) is approximately \$2,784,900. Tier 1 equals 60% of ARD, or approximately \$1,670,940. The 50% cap means no single operating organization may receive more than \$835,470 in Tier 1 funding. Without this cap, one organization's combined renewal ARD of approximately \$1,275,459 — representing 76.3% of the Tier 1 pool — would consume the majority of Tier 1 funding, displacing every other PSH and RRH renewal into Tier 2. Per the Alliance to End Homelessness, PSH renewal projects in Tier 2 are at high risk of non-renewal and should be reallocated to TH if they do not make Tier 1. In practice, without the cap, all DeKalb County CoC-funded permanent housing would be at risk of loss. The cap is calculated by operating organization, not by fiscal agent or applicant of record.

How the Cap Is Applied

After initial scoring, rank all eligible renewal PSH projects from highest to lowest composite score. Calculate each operating organization's cumulative Tier 1 dollar total in rank order. If any organization's projects would collectively exceed \$835,470 (50% of the estimated \$1,670,940 Tier 1 pool, based on FY2026 GIW data), move that organization's lowest-ranked project(s) to Tier 2 and replace with the next-highest-scoring project from another organization. Displaced projects retain their score-based ranking within Tier 2. The cap is calculated by operating organization, not by fiscal agent or applicant of record — organizations that act as fiscal agent for another organization's grant are not combined with their own projects for this calculation.

NOTE

The CoC is required to document its ranking methodology and make the Priority Listing publicly available before the August 26, 2026 submission deadline. This decision is recorded in committee minutes and referenced in the CoC Application narrative (Section V.B.1.a).

For projects renewing under the same component type with prior APR performance data

Part 1 — Renewal Project Scoring Rubric

Project Information

Project Name	
Recipient Organization	
Component Type	PSH / TH / SSO / HMIS (circle one) — RRH not eligible for renewal, see notice below
FY 2024 Grant Award	\$
Scorer Name	
Date Scored	
APR Period Used	

DATA SOURCES

Scores for Categories A and B must be drawn from APR and HDX data for the period Calendar Year 2025 (January 1 – December 31, 2025). The NIHC HMIS Team will provide each renewal applicant with their SPM and APR reports before scoring. Attach supporting documentation for any score that cannot be verified from HMIS or APR reports.

THRESHOLD REVIEW

Per the NIHC FY2026 Internal Competition Policy (adopted July 2, 2026), all new project applications must pass the following threshold review before being scored. Applications that do not pass threshold are not eligible for ranking. The Collaborative Applicant conducts threshold review; ICA assists with objective scoring. All items below must be confirmed 'yes' for the application to proceed:

☐ Proposed budget contains no acquisition or rehabilitation line items (ineligible per NIHC policy for all project types this cycle) ☐ Organizational legal documentation submitted ☐ Person-centered service approach demonstrated by internal program policies ☐ Board bylaws require designated seats for persons with lived experience of homelessness ☐ HMIS participation confirmed (or HUD-approved comparable database for DV providers) ☐ Accounting systems meet 2 CFR 200.302 requirements ☐ Match requirements demonstrated ☐ No unresolved HUD findings ☐ Single Audit submitted (if applicable) and/or IRS Form 990 submitted ☐ New project quality thresholds per NOFO Section V.A.4.c confirmed (see Part 2 C3 for TH-specific criteria)

NOT ELIGIBLE FOR PART 1

Rapid Re-Housing (RRH) is not eligible for renewal under this Part. Per the NIHC FY2026 Internal Competition Policy (Project Application Type Eligibility Matrix, Note 3), current RRH and TH-RRH Joint project renewals must apply through the transition grant process and will be considered "New TH," ranked in Tier 2. RRH applicants

should complete **Part 2 — New and Converting Project Scoring Rubric** instead, with Prior Component Type marked RRH and Proposed Component Type marked TH.

Scoring Rubric — Renewal Projects (100 Points Total)

Criterion	Max	Score	Scoring Descriptors
A. System Performance Outcomes	38 pts		
A1. Exits to permanent housing and unsubsidized housing	18	—	<i>Base — Successful exit rate from ES/SH/TH/RRH (APR Q23c, total exits to any destination minus negative exits): 10 pts — Excellent: ≥80% 7 pts — Strong: 65–79% 4 pts — Adequate: 50–64% (NOFO threshold) 1 pt — Below threshold: <50% Bonus — Exits to unsubsidized housing specifically, collectively across TH/RRH/PSH (APR Q23c, destination codes 410/411/422/423): +8 pts — ≥30% of all leavers to unsubsidized +5 pts — ≥20% (NOFO System Performance target) +2 pts — 10–19% +0 pts — <10%. HMIS lead reports both figures from Q23c. Maximum combined score: 18 pts. [Committee ref: NOFO Sec. V.D.2.b(5) "Successful Exits from Assistance" and (5) unsubsidized sub-factor, p. 73 of 128 — confirmed 50% exit rate and 20% unsubsidized target language]</i>
A2. Returns to homelessness	10	—	<i>10 pts — Excellent: <7% returned within 12 months AND <8% within 24 months (HDX/APR) — exceeds both NOFO point thresholds 7 pts — Strong: <11% within 12 months OR <16% within 24 months (meets at least one NOFO point threshold) 3 pts — Adequate: Above NOFO thresholds but trending down year over year 0 pts — Concern: Above NOFO thresholds with no improvement [Committee ref: NOFO Sec. V.D.2.b(6) "Returns to Homelessness," p. 73 of 128 — exact point thresholds: <8%/24mo (3 pts) or <16%/24mo (1 pt); <7%/12mo (3 pts) or <11%/12mo (1 pt)]</i>
A3. Income and employment growth	5	—	<i>5 pts — Excellent: ≥25% of all program participants increased total income from any source (APR Q19a1/Q19a2) AND ≥20% of those increases included employment income specifically (not SSI/SSDI/TANF/benefits) 3 pts — Adequate: ≥25% increased total income from any source, but employment income growth below 20% 1 pt — Limited: Below 25% increased any income — with documented justification (e.g. disability, fixed-income population where SSI/TANF is the realistic income ceiling) 0 pts — No data: Not tracked or data missing [Committee ref: NOFO Sec. V.D.2.b(7) "Jobs and Income Growth," p. 73 of 128 — NOFO scores employment income only. Local rubric uses any income increase as the base (recognizing that SSI, TANF, and SSDI gains represent real economic stability for PSH and fixed-income populations) with employment income growth as a differentiating bonus layer. NOFO thresholds</i>

Criterion	Max	Score	Scoring Descriptors
A4. Unit utilization rate	5	—	(20% of participants, 25% of leavers) are preserved as the employment bonus trigger.] 5 pts — Excellent: $\geq 95\%$ bed/Unit utilization (APR) 3 pts — Adequate: 85–94% 1 pts — Below standard: 75–84% 0 pts — Concern: $< 75\%$ [Committee ref: Local criterion — not a scored FY 2026 NOFO merit item]
B. Cost Effectiveness	24 pts		
B1. Cost per funded unit	10	—	10 pts — Excellent: At or below CoC median cost per funded unit (\$13,683, based on FY2026 GIW) 6 pts — Adequate: Within 125% of CoC median (up to \$17,104) 2 pts — High cost: 126–175% of CoC median (\$17,105–\$23,945) 0 pts — Outlier: $> 175\%$ of CoC median (above \$23,945) — must be justified in narrative. Cost per funded unit = total ARA (GIW) $\div$ total funded units. Projects without funded units scored N/A. [Committee ref: Local criterion — NOFO Sec. V.D.4, p. 87 of 128: "reasonableness of the estimated costs to the government." Changed from cost-per-exit to cost-per-funded-unit: directly verifiable from GIW, stable year-to-year, not affected by annual exit variation. CoC median \$13,683 calculated from the FY2026 IL-501 Grant Inventory Worksheet (GIW): grant award (total ARA) $\div$ funded units across all PH projects with a non-zero unit count. Per-unit costs ranged from \$11,188 (low) to \$29,628 (high). Recalculate median from the current GIW each competition cycle. Projects without funded units scored N/A.]
B2. Expenditure rate	5	—	5 pts — Excellent: $\geq 90\%$ of prior year grant expended (above NIHC's 90% annual reallocation review target) 3 pts — Adequate: 75–89% (above the policy's under-expenditure floor; no grant reduction triggered) 1 pt — Below standard: 50–74% (triggers minimum 10% grant reduction per NIHC policy) 0 pts — Concern: $< 50\%$ (triggers minimum 25% grant reduction and full reallocation review per NIHC policy) [Committee ref: NIHC FY2026 Internal Competition Policy, "Policy on Expenditure of Grant Funds" — grantees expending $< 75\%$ in the most recent completed grant year face a minimum 10% grant reduction; $< 50\%$ expenditure faces a minimum 25% reduction; $> 50\%$ unspent triggers a full reallocation review. NIHC targets 90% CoC-wide expenditure annually.]
B3. Leverage and match	5	—	5 pts — Strong: Documented non-federal match or leverage $\geq 25\%$ of grant award 3 pts — Adequate: 10–24% leverage 1 pts — Minimal: $< 10\%$ leverage 0 pts — None documented: No leverage or match documented [Committee ref: NOFO Sec. V.D.2.c "CoC Coordination & Engagement," p. 79 of 128 — CoC must show that 50% of supportive services funding comes through leveraging, match, and formal partnerships (or 30% via direct CoC funding request); scored at CoC level, included here as project-level documentation support]
C. HUD Priority Population Served	4 pts		

Criterion	Max	Score	Scoring Descriptors
C1. Families with children served	4	—	4 pts — Exclusively or primarily ($\geq 75\%$ of participants) serves families with children, per APR Q7a 2 pts — Mixed population: families are a significant but not primary group (25–74% of participants) 0 pts — Families are incidental or not served ($< 25\%$ of participants, or project does not serve families) [Committee ref: NOFO Sec. V.D.2.c(17), p. 82 of 128 — "primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b)"; also Sec. V.D.4.a(4), p. 89 of 128 — \$430M set-aside for PH projects serving families. Point value reduced from 8 to 4 pts; scoring range reflects NOFO's "primarily or exclusively" language]
D. Compliance and Data Quality	24 pts		
D1. HMIS data quality	8	—	8 pts — Excellent: Unknown/missing data elements $< 5\%$ across all required fields (APR or comparable DV-designated database) 5 pts — Adequate: 5–10% missing 2 pts — Below standard: 11–20% missing 0 pts — Concern: $> 20\%$ missing. Note: DV providers using a HUD-approved comparable database in lieu of HMIS are scored on equivalent data quality standards from that system. [Committee ref: Local criterion. IL-501 does not currently have a formal gap analysis; HIC/PIT data serves as proxy. IL-501 priority populations include aging/elderly individuals experiencing homelessness (data shows older white men are among those with longest homelessness spells), families with children, and persons with serious mental illness. Conditional scoring pending committee decision. Moved from Category F to Category C to consolidate population/community alignment criteria. Scoring range uses NOFO Sec. V.D.2.c(17) language: "primarily or exclusively serves" (p. 82 of 128). Point value 4 pts matches C1; 2 pts freed (from original C1 reduction) redistributed here.]
D2. Monitoring and audit findings	7	—	7 pts — Clean: No open HUD monitoring findings, no material single audit findings (Uniform Guidance), and no unresolved HDX submission errors in prior grant period 4 pts — Minor: Minor findings in any of the above; corrective action plan completed and accepted 1 pt — Open findings: Open findings with corrective action plan in progress 0 pts — Serious: Unresolved material findings or repeated violations. Note: APR rejections related solely to CE referral documentation or prior program history (e.g. entry from RRH or TH) do not count as findings for purposes of this criterion. [Committee ref: Local criterion — NOFO Sec. V.A.4.b(4), p. 60 of 128, requires HMIS participation as a project eligibility threshold (comparable database exemption for DV providers per 42 U.S.C. § 11383(a)(8)/Section 407); data quality itself is not separately scored by HUD]
D3. APR submission timeliness	5	—	5 pts — On time: Most recent APR submitted on time with no HDX errors 3 pts — Minor delay: Submitted within 30 days of deadline 0 pts — Late: Submitted > 30 days

Criterion	Max	Score	Scoring Descriptors
			<i>late or with unresolved HDX errors [Committee ref: NOFO Sec. V.A.4.b "Renewal Project Threshold," p. 61 of 128 — HUD reviews eLOCCS, APRs, monitoring reports, and audit reports on a pass/fail basis, including audit findings, financial management practices, and timeliness standards]</i>
D4. eLOCCS draw frequency	4	—	4 pts — Timely: Draws made at least once every 90 days (HUD minimum) throughout the grant year — proof required (eLOCCS screenshot showing draw history with dates) 3 pts — Near-timely: One gap of 91–120 days in the grant year 1 pt — Infrequent: Multiple gaps exceeding 90 days or one gap exceeding 120 days 0 pts — No draws or proof not provided [Committee ref: NOFO Sec. V.A.4.b "Renewal Project Threshold," p. 61 of 128 — HUD reviews eLOCCS draw timeliness as part of renewal pass/fail review. HUD minimum: at least once every 90 days per CPD policy. Proof required (eLOCCS screenshot). NOFO + Local priority.] [Committee ref: Local criterion — NOFO Sec. V.A.4.b(1)(b), p. 61 of 128, lists timeliness standards (including grant fund expenditure timeliness) as a renewal pass/fail factor; not a separately named merit point. Distinct from D2: HDX errors here are timeliness-related, not narrative/data-quality findings.]
E. Project Narrative Quality	4 pts		
E2. Service engagement model	5	—	5 pts — Strong: TH — meets/exceeds 20 hrs/week service engagement requirement; SSO — documented service participation requirement in place and implemented; PSH — documented strategy that connects participants to services voluntarily, without making participation a condition of continued occupancy (e.g. ≥80% of participants have active case management contact) 3 pts — Adequate: Engagement model in place but with documentation gaps or partial implementation 1 pt — Limited: Minimal or no documented service engagement strategy, regardless of component type [Committee ref: NOFO Sec. V.D.3.b(3) "Service Participation," p. 90 of 128 — up to 10 of 100 Tier 2 project-score points for projects indicating service participation requirements per 24 CFR 578.75(h); SSO and HMIS projects automatically receive full 10 points regardless. New TH threshold (≥20 hrs/week) is at Sec. V.A.4.c, pp. 63–64 of 128. PSH scored here on voluntary engagement given fair housing considerations (24 CFR 5.2005(b)(1)) for a population most of whom qualify for PSH based on disability status.]
F. Equity, Community Engagement, and CoC Alignment (10 pts)	10 pts		
F2. Lived experience of homelessness on board or staff	5	—	5 pts — Both: Organization has at least one board member AND at least one staff member with lived experience of homelessness 3 pts — One: Organization has lived experience represented on either board or staff (but not both) 0 pts — Neither: No lived

Criterion	Max	Score	Scoring Descriptors
			<i>experience on board or staff. [Committee ref: Renewal application (yes/no questions: lived experience on governing board; lived experience among program staff). NOFO CoC Coordination & Engagement — Sec. V.D.2.c, pp. 75–76 of 128 — governance board composition includes lived experience as a named criterion. Point value (5) set by Ranking and Scoring Committee.]</i>
F3. NIHC committee participation	4	—	4 pts — Leadership: Organization served on the NIHC governing board OR chaired/co-chaired an NIHC committee or workgroup in the last 2 years 2 pts — Participation: Organization was a general member of an NIHC committee or workgroup in the last 2 years (not as chair and not on the board) 0 pts — None: No documented NIHC board or committee participation. [Committee ref: Renewal application (NIHC committee participation question: chaired/co-chaired vs. general member vs. none). Local criterion — not a separately named NOFO merit point, but supports CoC Coordination & Engagement scoring at the CoC Application level. Point value (4) set by Ranking and Scoring Committee.]
BONUS POINTS (added after Categories A–E; not part of the 100-pt base — score range becomes 0–104)			
BP1. Voluntary reallocation of unutilized funds	+1	—	+1 pt — Applicant has voluntarily proposed reallocating unutilized/unspent funds from this grant to the CoC's reallocation pool, beyond what is otherwise required. 0 pts — No voluntary reallocation proposed. [Committee ref: NIHC FY2026 Internal Competition Policy, "Bonus Points" — voluntary re-allocation of unutilized funds. Point value (1) and "added on top" treatment set by Ranking and Scoring Committee; policy does not specify a value.]
BP3. ≥30% of project budget to supportive services	+1	—	+1 pt — At least 30% of the total project budget is dedicated to supportive services line items (verify from renewal application budget). CoC-wide 30% ARD floor is a separate portfolio-level requirement; this point rewards individual projects meeting or exceeding it. 0 pts — Below 30% supportive services, or not verifiable. [Committee ref: NIHC FY2026 Internal Competition Policy, "Bonus Points" — ≥30% of total project budget to supportive services. Applied to renewals by committee decision. Distinct from the CoC-wide 30% ARD floor (a portfolio-level requirement). Point value (+1) set by committee; policy does not specify a value. Local priority.] [Committee ref: Local criterion — supports NOFO CoC Coordination & Engagement subpopulation responsiveness factor, which is scored at the CoC level]
BP4. Project located in an Opportunity Zone	+1	—	+1 pt — Project is located in a federally designated Opportunity Zone (verify using HUD's OZ map at https://opportunityzones.hud.gov or the CDFI Fund OZ map; applicant must provide the census tract number). 0 pts — Project is not in an Opportunity Zone, or location cannot be verified. [Committee ref: Local criterion — reduced from 15 to 8 to 3 pts across committee discussions; HUD does not score incumbency directly, and a high weight here functioned as a near-automatic credit

Criterion	Max	Score	Scoring Descriptors
			<i>for existing CoC-funded organizations. Remaining points reallocated to C3 (service engagement model) to give the TH service requirement real scoring weight.]</i>
TOTAL SCORE	100	<u> </u>	<i>Average of all scorer sheets before final ranking.</i>

Scorer notes / justification for any score of 0 or maximum:

For new projects and projects converting component type (e.g. RRH → TH)

Part 2 — New and Converting Project Scoring Rubric

WHO USES THIS RUBRIC

Use Part 2 for any project that does not have prior APR data under the proposed component type. This includes brand-new projects and projects converting from one component type to another — for example, an RRH project applying to convert to Transitional Housing. Prior performance data from the previous component type may be referenced as evidence of organizational capacity (Criterion B1) but cannot substitute for the outcome-based criteria in Part 1.

Project Information

Project Name	
Recipient Organization	
Proposed Component Type	PSH / TH / RRH / SSO / HMIS (circle one)
Prior Component Type (if converting)	
Proposed Annual Budget	\$
Proposed # of Participants / Units	
Scorer Name	
Date Scored	

TRANSITION GRANTS

Transition grants rank higher in Tier 2 than non-transition new projects. Per the NIHC FY2026 Internal Competition Policy, Tier 2 ranking order is: (1) transition-grant TH/SSO projects, (2) new system-wide infrastructure, (3) non-transition new TH/SSO projects, (4) DV Bonus projects, (5) Tier 1-ineligible renewals.

What makes something a transition grant (NOFO Sec. II.B.3.k, p. 21 of 128): A transition grant is a new project application that reallocates funds from an existing renewal grant to create a new project of a different component type (e.g. RRH → TH). The applicant must be the same recipient named on the current grant being eliminated, must cite that grant's number on the application, and must fully transition to the new component type within 1 year. After that year, the project renews as the new component type — it cannot revert to RRH. Transition grant applications are scored using Part 2 (new project criteria) but are ranked ahead of non-transition new projects in Tier 2 because of the reallocation basis. If HUD determines the application does not qualify as a transition grant but meets all other new project requirements, HUD may fund it as a regular new project — but it would lose its Tier 2 ranking advantage.

PSH IN TIER 2

Applicants submitting a transition grant must: (1) mark “Transition Grant” on the new project application form; (2) include the grant number(s) of the project(s) being eliminated; (3) attach a copy of the most recently awarded project application for the grant being eliminated; and (4) confirm CoC consent (by appearing on the New Project Application Project Listing in the CoC Priority Listing). BP2 bonus point applies to transition grant applicants.

PSH renewal projects that do not score into Tier 1 are at high risk of losing funding. Per the NIHC FY2026 Internal Competition Policy, Tier 2 ranking order places renewal projects that do not rank in Tier 1 at the very bottom — below all new TH/SSO projects, new infrastructure, and DV Bonus projects. A PSH renewal in Tier 2 would only be funded if money remains after all of those are funded, which is unlikely. Per the Alliance to End Homelessness, CoCs should expect that PSH renewal projects in Tier 2 will not be funded and should reallocate to TH rather than submit a renewal that cannot realistically be awarded.

New PSH applications rank even lower. New PSH projects are not listed in the NIHC policy’s standard Tier 2 ranking sequence. However, new PSH — along with new TH and SSO — may apply for funding from the CoC Bonus pool, the DV Bonus pool, or uncommitted reallocation funds. The amount available in these pools for FY2026 is not yet known; the Collaborative Applicant will confirm the figure once HUD publishes it. The CoC will only rank new projects for which there is sufficient funding in the bonus or reallocation pool to fully fund the project, so new PSH applicants should confirm available funding with the CA before investing time in an application.

Note: The reallocation-to-TH expectation for Tier 2 PSH renewals reflects Alliance to End Homelessness guidance for IL-501 and is not explicitly stated as a requirement in the NIHC written policy. However, it is the practical consequence of the Tier 2 ranking structure for PSH renewals. For new PSH, the bonus and reallocation pools are a real pathway — the amount available will be confirmed by the Collaborative Applicant once HUD publishes it. All of this should be communicated clearly to affected grantees before the July 22 application deadline.

Scoring Rubric — New and Converting Projects (100 Points Total)

Criterion	Max	Score	Scoring Descriptors
A. Project Need and Gap-Filling (11 pts)	4 pts		
A2. Target population specificity	11	—	10 pts — Highly specific: Project targets a distinct sub-population with documented unmet need (e.g. families, youth, DV survivors) 6 pts — Specific: Clear target population; some data to support need 2 pts — General: Broad population; limited targeting or evidence of need [Committee ref: Local criterion — not separately named in NOFO merit review. Reduced from 5 to 1 pt to fund Bonus Points section (see below) per NIHC FY2026 Internal Competition Policy, "Bonus Points."]
B. Organizational Capacity (24 pts)	24 pts		

Criterion	Max	Score	Scoring Descriptors
B1. Prior experience with component type	3	—	3 pts — <i>Demonstrated</i> : Organization has operated the proposed component type (TH, PSH, SSO) for 3+ years with documented outcomes 2 pts — <i>Related experience</i> : Organization has operated a closely related component type (e.g. RRH converting to TH) 1 pt — <i>Limited</i> : Organization is new to this component type but has relevant program experience 0 pts — <i>None</i> : No relevant experience demonstrated [Committee ref: Local checklist criterion — draws from NOFO Sec. V.D.4.a, pp. 88–89 of 128 (Tier 2 selection priorities: families, new TH/SSO) and NIHC FY2026 Internal Competition Policy (scoring categories: supportive services, mainstream partnerships, self-sufficiency, priority populations). Restructured as an objective 5-item checklist (2 pts each) to reduce scorer subjectivity. Each item must be verifiable from the application form.]
B2. Financial and organizational stability	16	—	10 pts — <i>Strong</i> : Clean audit; operating reserves documented; no material findings or financial concerns in prior 2 years; proposed budget is fully justified with cost per participant comparable to similar project types in IL-501 or regionally 6 pts — <i>Adequate</i> : Minor concerns; corrective actions completed; minor budget gaps or unjustified line items, not material 2 pts — <i>Some concern</i> : Open findings or financial stress, or budget is unclear/inflated; applicant must explain 0 pts — <i>Significant concern</i> : Material findings; unresolved financial issues; budget inadequately justified
B3. Staffing plan	1	—	1 pt — <i>Complete</i> : Narrative describes key positions, qualifications, and supervision; staff are identified or recruitment is underway 0.5 pts — <i>Adequate</i> : Positions described but staffing plan is incomplete 0 pts — <i>Insufficient</i> : Staffing plan absent or not credible [Committee ref: Local criterion — supports NOFO selection factor on "likelihood that the proposed project will result in the expected benefits"]
C. Project Design and HUD Alignment (41 pts)	41 pts		
C1. Alignment with FY 2026 NOFO priorities	10	—	Score 2 pts for each applicable item, verified from the application form (max 10 pts): (1) Proposed component type is a NIHC/NOFO Tier 2 priority — new TH, SSO, or PSH serving families with children; (2) Project serves a population prioritized by NIHC policy — families with children, persons with serious mental illness, aging/long-term homeless, or DV survivors; (3) Project includes documented access to substance use treatment (on-site or formal referral partnership); (4) Project includes documented partnership with at least one mainstream resource — workforce development, mainstream benefits enrollment, or local PHA; (5) Project explicitly targets self-sufficiency with measurable goals tied to employment income or housing stability. [Committee ref: NOFO Sec. V.A.4.c New Project Rating Factors for TH, pp. 63–64 of 128 — exact text: "New TH projects must receive at least 6 out

Criterion	Max	Score	Scoring Descriptors
			<i>of 8 points available for this project type. New TH projects that do not receive at least 6 points will be rejected." HUD's structure is itself an 8-point scored factor with a 6-point floor, not a separate yes/no question — mirrored exactly above. 20 hrs/week exceptions per 24 CFR 8.3 (handicapped) and 24 CFR 578.3 (developmental disability). RRH/SSO/PSH point values are local (not HUD-specified for these component types at the new-project threshold level); set to 15 pts to match TH's maximum achievable weight. IL-501 currently has no TH projects; the TH sub-factor applies only if a new TH application is submitted. Points partly funded by reallocating from A3 and B1.]</i>
C2. Proposed outcomes are measurable and realistic	15	—	15 pts — Strong: Specific, time-bound outcome targets tied to HMIS data fields; targets are consistent with comparable project performance in IL-501 9 pts — Adequate: Targets present but vague or difficult to measure 3 pts — Weak: No measurable targets or targets are unrealistic [Committee ref: NOFO Sec. V.A.4.b(4), p. 60 of 128 — all project applicants (except CoC Planning/UFA-only) must agree to participate in local HMIS; DV/victim service providers must use a comparable database per Section 407 of the Act]
C3. Service engagement model	16	—	TH (8 pts, mirrors NOFO sub-factors exactly): 2 pts — partnership/plan to provide eligible supportive services necessary for participants to obtain/maintain housing; 1 pt — prior experience operating TH (or projects helping participants exit homelessness within 24 months), or a credible plan to do so; 1 pt — prior experience (or plan) showing ≥50% of participants exit to a positive destination AND ≥50% exit with employment income within 24 months; 1 pt — project will be supplemented by mainstream resources (Medicare, Medicaid, SSI, SNAP, etc.); 2 pts — plan to assess service needs and provide individualized services resulting in ≥20 hrs/week of engagement per participant (exceptions: age 62+, 24 CFR 8.3 handicapped, 24 CFR 578.3 developmental disability); 1 pt — service plans include participant goals, strategies, and target dates for housing stability and employment income. New TH applications scoring below 6 of these 8 points are disqualified per NOFO threshold, regardless of total project score elsewhere. RRH/SSO (15 pts, local scale): proposed service participation requirement clearly defined and staffed = 15 pts; defined but lacking staffing/implementation detail = 8 pts; no clear model = 0 pts. PSH (15 pts, local scale): proposed strategy connects participants to services voluntarily, without making participation a condition of continued occupancy, appropriate given most PSH participants qualify based on disability = 15 pts; model proposed but underspecified = 8 pts; no model = 0 pts. [Committee ref: NOFO Sec. III.G.11 "Participant Eligibility," p. 41 of 128 — all projects must participate in coordinated entry per 24 CFR 578.23(c)(9) and (11); selection of participants must be consistent with the CoC's CE process. Weighted up by

Criterion	Max	Score	Scoring Descriptors
			committee given a non-CE-participating applicant in IL-501's current pipeline.]
D. Data and Compliance Readiness (18 pts)	18 pts		
D1. HMIS participation plan	8	—	8 pts — Ready: Organization is currently HMIS-participating (or uses a HUD-approved comparable database if a DV provider); staff are trained; data entry plan documented 4 pts — In progress: HMIS or comparable database agreement in place; training planned 0 pts — Not ready: HMIS or comparable database participation not established [Committee ref: Local criterion. IL-501 priority populations include aging/elderly individuals (data shows older white men are among those with longest homelessness spells), families with children, and persons with serious mental illness. HIC/PIT data serves as proxy until a formal gap analysis is produced. Conditional scoring pending committee decision.]
D2. Coordinated Entry participation	10	—	9 pts — Active: Organization actively accepts referrals from IL-501 Coordinated Entry; documented in CE records 5 pts — Partial: Organization participates in CE but with gaps (e.g. does not accept all referral types) 0 pts — Not participating: Organization is not CE-connected. Note: CE participation is required for all CoC-funded project types; this criterion assesses demonstrated engagement, not just agreement. [Committee ref: New project application (lived experience yes/no questions). NOFO Sec. V.D.2.c, pp. 75–76 of 128 — governance board composition. Point value (5) set by Ranking and Scoring Committee.]
F. Equity, Community Engagement, and CoC Alignment (9 pts)	9 pts		
F2. Lived experience of homelessness on board or staff	5	—	5 pts — Both: Organization has at least one board member AND at least one staff member with lived experience of homelessness 3 pts — One: Lived experience represented on either board or staff (but not both) 0 pts — Neither: No lived experience on board or staff. [Committee ref: New project application (NIHC/CoC partnership participation section). Local criterion. Point value (4) set by Ranking and Scoring Committee.]
F3. NIHC committee/CoC participation	5	—	4 pts — Leadership: Organization served on the NIHC governing board OR chaired/co-chaired an NIHC committee or workgroup in the last 2 years 2 pts — Participation: General member of an NIHC committee or workgroup in the last 2 years (not as chair and not on the board) 0 pts — None: No documented NIHC board or committee participation. [Committee ref: NIHC FY2026 Internal Competition Policy, "Bonus Points" — voluntary re-allocation of unutilized funds. Point value (1) and "added on top" treatment set by Ranking and Scoring Committee; policy does not specify a value.]

Criterion	Max	Score	Scoring Descriptors
BONUS POINTS (added after Categories A–D; not part of the 100-pt base — score range becomes 0–103)			
BP2. Willingness to apply through transition grant	+2	—	+2 pts — Applicant is applying through the transition grant process (e.g. RRH-to-TH, PSH-to-TH) per NIHC policy. 0 pts — Not a transition grant application. [Committee ref: NIHC FY2026 Internal Competition Policy, "Bonus Points" — willingness to apply through transition grant. Point value (1) and "added on top" treatment set by Ranking and Scoring Committee; policy does not specify a value. Note: transition grant applicants are also ranked ahead of non-transition new TH/SSO in the Tier 2 sequence (see Overview); this point is in addition to that ranking-order benefit.]
BP3. ≥30% of project budget to supportive services	+1	—	+1 pt — For new projects only: at least 30% of total proposed project budget is dedicated to supportive services line items. 0 pts — Below 30%, or not a new project (this bonus is new-project-specific per NIHC policy). [Committee ref: NIHC FY2026 Internal Competition Policy, "Bonus Points" — for new projects, at least 30% of total project budget is dedicated to supportive services. Distinct from the CoC-wide 30% ARD floor noted in the Policy Notice above, which is a portfolio-level requirement, not a single-project criterion. Point value (1) and "added on top" treatment set by Ranking and Scoring Committee; policy does not specify a value.]
BP4. Project located in an Opportunity Zone	+1	—	+1 pt — Project is located in a federally designated Opportunity Zone (verify using HUD's OZ map at https://opportunityzones.hud.gov or the CDFI Fund OZ map; applicant must provide the census tract number). 0 pts — Project is not in an Opportunity Zone, or location cannot be verified. [Committee ref: NOFO Sec. V.B.2.a, p. 85 of 128 — up to 4 preference points for CoCs where ≥50% of new project award is in an Opportunity Zone. Removed from project-level scoring criteria by committee decision (no OZ data available at project level) but restored as a +1 bonus point. Applicant must provide census tract number; verify at https://opportunityzones.hud.gov or CDFI Fund OZ map. NIHC NOFO Committee to confirm HUD-2996 certification is filed for OZ-located projects.]
TOTAL SCORE	100	—	Average of all scorer sheets before final ranking.

Scorer notes / justification for any score of 0 or maximum:

Complete after all individual project scores have been collected and averaged

Priority Listing Summary Sheet

Step 1 — Calculate Composite Scores

Enter each project's average score (across all committee scorers) in the table below. Sort by score, highest to lowest.

Rank	Project Name	Recipient	Component	Avg Score	Award \$	Tier
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	
9					\$	
10					\$	
11					\$	

Step 2 — Apply Tier 1 Line

IL-501 FY 2026 Annual Renewal Demand (ARD): \$2,967,175

Tier 1 threshold (60% of ARD): \$1,670,940

Starting from Rank 1, add each project's award amount cumulatively. The Tier 1 line falls after the last project that fits within \$1,670,940. Mark the Tier column above as "T1" or "T2" accordingly.

IF USING OPTION B (50% CAP)

No single agency's projects may collectively account for more than \$835,470 (50% of \$1,670,940) of Tier 1 funds. After initial ranking, calculate each agency's cumulative Tier 1 total. If any agency exceeds the cap, move their lowest-ranked project(s) to Tier 2 and replace with the next-highest-scoring project from another agency.

Step 3 — Committee Certification

The undersigned members of the IL-501 Ranking and Scoring Committee certify that the Priority Listing above was produced using the objective scoring tool adopted by the CoC, that all scores reflect independent review of submitted project data, and that all conflicts of interest were disclosed and managed through recusal.

<i>Committee Member — Printed Name</i>	<i>Organization</i>	<i>Date</i>
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<i>Committee Member — Printed Name</i>	<i>Organization</i>	<i>Date</i>
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<i>Committee Member — Printed Name</i>	<i>Organization</i>	<i>Date</i>
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<i>Committee Chair — Printed Name</i>	<i>Organization</i>	<i>Date</i>
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Public Reporting Burden Statement: This collection of information is estimated to average 0.20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This Agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable this Agency to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by this Agency. The information collected via this form is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information collected via this form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Type or clearly print the following information.

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

Applicant Organization: IL-501 Continuum of Care (Collaborative Applicant: City of Rockford)

Assistance Listing number and Federal Program name to which the Applicant is applying:

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

CPD-2600-DC-0025 FY2026 Continuum of Care Copetition and Youth Homelessness Demonstration Program Grants NOFO

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

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

17201002600,17201000502,17201002200,1720100230,17201003602,17201003605,17201000104,17007010200,17007010101,17037001003,1703700800

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

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

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

Estimated Funding Allocations

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

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

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

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

We have many opportunity zones in our CoC where people will be residing. They will be working to expand their employment, education, and mental health/substance abuse wellbeing and can access those services from these locations.

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

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

Certification of Authorized Representative for the Applicant:

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

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

Prefix: Ms First Name: Angie Middle Initial: M Last Name: Walker Suffix:

Title: Homeless Program Manager Organization: City of Rockford

Signature: Angie Walker Date: 9/28/2020