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: IA-500 - Sioux City/Dakota, Woodbury Counties CoC

1A-2. Collaborative Applicant Name: City of Sioux City

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Sioux City

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

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

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

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

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	2
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	2
37.	Domestic Violence Advocate(s)	Yes	2
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	0
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	

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)

Each October, the CoC conducts a social media campaign to solicit new members to join. The CoC has an on-going, open invitation on our Facebook page, website, and meeting agendas and minutes. On the website, there is a button at the top of the home page that invites viewers to get involved, which sends an email directly to the CoC lead agency to add them to the email update list. We are always looking for new members from agencies, churches, businesses, local government, and the general public to join the CoC, attend our meetings, participate in our committees, serve on our board, and help us end homelessness in Siouxland. Board members have a responsibility to invite other community members and key partners to the CoC meetings and encourage them to become an active member. Our board members are very actve in bringing new agencies and interested individuals to join the coalition by attending meetings and events. Current CoC members attend numerous community meetings throughout the year and always let people know that their is an open invitation to join the coalition. These personal invitations have been the most effective in growing the coalition and meeting attendance.

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

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

(limit 2,500 characters)

The CoC holds open meetings bi-monthly and encourages current members to invite new individuals, businesses, and agencies to participate in the CoC and share their opinions and expertise with the group. We use our Facebook page and website to post an on-going, open invitation to join the CoC, and we help promote and share events and information regarding homelessness and available services. CoC members bring information learned in other public meetings and forums Growing Community Connections, Mental Health Roundtable, Homeless Assistance Response Team community meetings) back to the CoC. We spotlight agencies, benefits and health care providers, and employment agencies at each meeting and provide time to share agency news and events. We have regular open discussions regarding the many facets of homelessness and the issues facing our homeless populations. We use these discussions as a sounding board to brainstorm possible solutions, options, and opportunities to
assist our homeless and near homeless. Anyone interested in preventing and ending homelessness in Siouxland can find meeting minutes and agendas, homelessness data, information about funded projects, and policies on our website. CoC member agencies provide regular updates and share ideas and opinions gathered at meetings and other public forums to promote additional discussion and brainstorming to make improvements or inspire new approaches to preventing/ending homelessness. As a result of these meetings, many agencies work with mental health and jail staff to coordinate evaluations and services for persons discharging and transitioning into the community. Our CoC is also actively engaging the faith community to join our meetings and help be part of the solution for our unhoused neighbors.

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

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

(limit 2,500 characters)

The CoC is fully open to and encourages proposals from entities that have not previously received funds in prior competitions. Even before the NOFO drops, the CoC Grant Committee Chair announces the impending NOFO/CoC Program Competition at CoC meetings and encourages all non-funded agencies to consider applying for a new project, including TH and SO projects this year. Once the NOFO drops, the CoC Grant. The Grant Committee Chair meets with the Project Monitoring and Development
Committee to review and finalize the Project Rank/Review and Reallocation policies and the scoring charts for new and renewal project applications. The FY2026 CoC Program Competition RFP was made public on June 26, 2026, via e-mail and the CoC's website. The RFP provides background information on the CoC Program, the local CoC, and the current competition, including eligible new project types and funding amounts, links to HUD and esnaps resources and detailed instructions for accessing esnaps and the project application, and the local competition timeline/deadlines. The CoC Grant Committee Chair and the Project Monitoring and Development Committee Members are readily available to assist new applicants with developing projects, understanding program regs, and navigating the esnaps online application. The CoC's Project Review/Score/Rank Process, Reallocation Policy/Procedure, and New and Renewal Project Application Scoring Tools are available to all potential applicants when the RFP for project applications is announced. The Project Review/Score/Rank Process and Reallocation Policy/Procedure explain how new and renewal project applications are reviewed, scored, and ranked in Tier 1 and Tier 2 according to their overall score. The Reallocation Policy explains both voluntary and involuntary reallocations processes. In FY26, we received one application from an organization not previously funded by CoC funding. The CoC also has multiple ongoing conversations with other organizations that are interested in CoC funding in the future that are faith-based and currently privately funded. They chose not to apply this year and instead learn more about the entire process and timeline, but the CoC expects both organizations to apply in the coming application processes.

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

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

(limit 2,500 characters)

Over the next 12-18 months our comprehensive strategic plan covers five priorities including: 1 Flexible funding to fill in the gaps that federal and state funding cannot accommodate, 2 Public awareness of homelessness issues and the populations that experience homelessness, 3 Landlord collaboration to house community members coming out of homelessness and build trust, 4 One-stop matching between volunteers and organizations needing volunteers, 5 Engage & collaborate with faith-based organizations. These priorities were established by the CoC board at a facilitated board retreat. There was consensus that these five priorities were the most important to start with to build community engagement and capacity to impact the housing system in our community. These gaps were identified by the community stakeholders represented by the CoC board, many of whom work directly in the homelessresponse system and adjacent community agencies. These priorties will be assigned to specific subcommittees and given specific timelines at our next facilitated meeting in November. The subcommittees are executive, project monitoring and development, grant, and public awareness and advocacy. Through addressing these five priorities, the board plans to increase support and resources for all of the relevant subpopulations in our community, including unsheltered homelessness, DV survivors, families, mental health placement, sober living, etc. Much of this will be addressed by increasing the flexible funding in our community, which includes engaging the faith-based community to partner in housing and supporting currently unhoused households. The target for the funding includes churches, downtown businesses, and local grant organizations. Performance measures will be addressed at the facilitated November board retreat by each subcommittee. Some of these metrics will include meeting fundraising goals of at least $100,000 for the flexible fund, increasing CoC meeting attendance and engagement by new people and organizations, formal partnerships created with local landlords and trainings hosted for landlords, creating a website for volunteering with CoC agencies, and creating a specific subcommittee for faith-based organizations.

1B-5a	Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	0%

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

(limit 2,500 characters)

N/A

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

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

(limit 2,500 characters)

The CoC partners with Heartland Counseling Services, Inc. (HCS), a Certified Community Behavioral Health Clinic (CCBHC), to provide comprehensive mental health and substance use disorder treatment and recovery supports to individuals and families experiencing homelessness.

As a CCBHC, Heartland provides an integrated continuum of behavioral health services based on each individual's assessed needs. Services include outpatient mental health and substance use disorder assessments and treatment; individual, family, and group therapy; substance use disorder treatment, including intensive outpatient services; psychiatric evaluation and medication management; Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD); care coordination; Assertive Community Treatment (ACT); crisis services; peer support; and recovery support services.

Heartland provides evidence-based and psychosocial interventions focused on improving behavioral health symptoms, daily functioning, recovery, community integration, and housing stability. Individuals needing a different or higher level of care are connected to appropriate treatment within HCS or referred to other community providers.

HCS provides 24/7 behavioral health crisis response and participates in the 988 crisis response system. Services include crisis assessment and intervention, safety planning, suicide prevention, and linkage to ongoing treatment and supports.

Through its partnership with the CoC and housing providers, Heartland serves as a behavioral health treatment resource for people experiencing homelessness and those in permanent supportive housing. CoC partners coordinate referrals to HCS to facilitate timely access to appropriate treatment, recovery supports, and services that promote long-term housing stability.

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

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

(limit 2,500 characters)

The CoC partners with Heartland Counseling Services, Inc. (HCS), a Certified Community Behavioral Health Clinic (CCBHC), to provide access to peer support, recovery support, and recovery navigation for individuals experiencing homelessness or housing instability.

Heartland employs Certified Peer Support Specialists who use their lived experience with mental health and/or substance use recovery to engage individuals, build trusting relationships, promote hope, and support individualized recovery goals. Peer support is integrated across HCS programs, including outpatient mental health and substance use disorder services, crisis services, Assertive Community Treatment (ACT), community-based services, and recovery support services.

Peer specialists assist individuals with navigating behavioral health and recovery systems, accessing and remaining engaged in treatment, developing recovery and wellness goals, strengthening natural supports, and connecting with community resources. They can assist individuals in overcoming barriers related to transportation, healthcare, behavioral health treatment, benefits, employment, social supports, and other needs that can affect recovery and housing stability.

Peers also provide support during transitions between homelessness, housing, crisis services, treatment, and other community-based services. Their lived experience can be especially valuable in engaging individuals who may be reluctant to participate in traditional clinical services or who have experienced repeated barriers within service systems.

CoC housing and service providers can connect participants with Heartland's peer and recovery support services based on individual needs and preferences. Peer specialists work alongside clinicians, care coordinators, housing providers, and other community partners while maintaining a person-centered, recovery-oriented approach.

Through this partnership, CoC participants have access to ongoing peer relationships and recovery navigation that promote treatment engagement, self-advocacy, community integration, sustained recovery, and long-term housing stability.

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

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

(limit 2,500 characters)

The CoC partners with Heartland Counseling Services, Inc. (HCS), a Certified Community Behavioral Health Clinic (CCBHC), to identify individuals experiencing Serious Mental Illness (SMI) and connect them with the treatment and intensive community-based supports necessary to achieve stability and maintain housing.

Individuals with potential SMI are identified through coordinated entry, homeless outreach, permanent supportive housing programs, shelters, crisis response, hospitals, law enforcement, behavioral health providers, and other community partners. CoC partners can refer individuals to Heartland for comprehensive assessment, diagnosis, and determination of the appropriate level of care. Heartland also uses community-based and assertive outreach approaches to engage individuals who may have difficulty accessing or remaining engaged in traditional office-based treatment.

For individuals with SMI requiring intensive services, Heartland operates an Assertive Community Treatment (ACT) program approved to provide ACT services in both Iowa and Nebraska, allowing the program to serve individuals throughout the CoC's bi-state service area. ACT is a multidisciplinary, team-based model designed for individuals with significant behavioral health needs who may experience homelessness, repeated hospitalization or crisis involvement, difficulty maintaining housing, or challenges engaging in traditional treatment.

ACT combines assertive outreach and intensive care coordination with comprehensive behavioral health treatment. Services may include psychiatric care, medication management, mental health and substance use treatment, peer support, recovery services, crisis intervention, assistance with daily living and community integration, and connections to housing, benefits, healthcare, employment, and other resources necessary for stability.

As a CCBHC, Heartland also provides outpatient mental health and substance use treatment, psychiatry and medication management, care coordination, 24/7 crisis and 988 response, peer and recovery supports, and other community-based services.

The CoC also works collaboratively to ensure survivors of domestic violence, sexual assault, dating violence, and stalking have access to trauma-informed mental health and substance use disorder services. SafePlace advocates provide survivor-centered warm handoffs to licensed providers based on each survivor's choice and individual needs.

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

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

(limit 500 characters)

The CoC partners with Heartland Counseling Services (HCS), a CCBHC that works directly with Woodbury County Drug Court. HCS provides SUD assessments, outpatient treatment, IOP, mental health treatment, MAT/MOUD, medication management, peer support, and care coordination. Rosecrance Jackson Centers also provides outpatient and IOP SUD treatment, giving Drug Court participants additional treatment and recovery options.

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

(limit 2,500 characters)

The CoC coordinates with Heartland Counseling Services, Inc. (HCS), Siouxland Mental Health Center, Catholic Charities, Rosecrance Jackson Centers, Woodbury County Drug Court, Project Compass Mental Health Court, and other community partners to support recovery, housing stability, and movement toward independence for individuals with mental health and substance use disorders.

Heartland, a Certified Community Behavioral Health Clinic (CCBHC), works with Woodbury County Drug Court and Project Compass to connect participants with appropriate behavioral health treatment and supports. HCS provides mental health and substance use assessments and outpatient treatment, Intensive Outpatient Program (IOP) services, psychiatric care and medication management, MAT/MOUD, peer and recovery support, care coordination, crisis services, and other community-based supports. Siouxland Mental Health Center and Catholic Charities provide additional behavioral health and supportive services, while Rosecrance Jackson Centers provides additional substance use treatment options, including outpatient and IOP services.

Coordination among specialty courts, behavioral health providers, CoC housing providers, and community partners helps address the clinical, housing, and social factors that contribute to homelessness and justice-system involvement. Consistent with confidentiality requirements, partners coordinate treatment, housing needs, barriers, and services necessary to maintain stability.

Court orders and treatment requirements through Woodbury County Drug Court and Project Compass provide structure and accountability. Providers work with participants to meet court-ordered treatment requirements while addressing barriers such as behavioral health symptoms, substance use, transportation, benefits, healthcare, employment, and housing.

CoC partners help participants obtain and maintain housing and connect to resources that increase self-sufficiency. By combining court accountability with treatment, recovery supports, care coordination, and housing services, the CoC helps participants progress toward independence while reducing homelessness, hospitalization, crisis utilization, and repeated justice-system involvement.

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)

Siouxland Mental Health Center and Heartland Counseling Services coordinate across the bi-state CoC through referrals, warm handoffs, crisis response, and connections to the appropriate level of care. Providers collaborate with 988, hospitals, law enforcement, housing providers, and other CoC partners to connect individuals to crisis stabilization, behavioral health treatment, recovery supports, and follow-up services to promote continued stability.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

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

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

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

(limit 500 characters)

The CoC has a strong and longstanding partnership with Heartland Counseling Services, a CCBHC. Heartland Counseling staff have one staff member on the CoC board and multiple staff that are active members of the CoC committees.

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)

There are currently no sober housing units funded by the CoC. However, there is a sober living house that is interested in applying in future competitions with more time to apply. The CoC will work with them this year to develop a project that would be eligible for the FY27 CoC competition.

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

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

(limit 2,500 characters)

The Sioux City/Dakota County CoC coordinates with behavioral health, substance use, crisis, specialty court, hospital, and housing partners to identify housing needs early, facilitate warm hand-offs, and prevent individuals from entering or returning to homelessness. Key partners include Heartland Counseling Services, Siouxland Mental Health Center, Rosecrance Jackson Centers, Catholic Charities, Woodbury County Drug Court, Project Compass Mental Health Court, hospitals, 988/crisis providers, and other community agencies.

When an individual receiving mental health, substance use, crisis, inpatient, or court-related services is homeless or at risk of homelessness, partners connect the individual directly with appropriate CoC housing and supportive service resources. Rather than simply providing a phone number or referral list, providers use warm hand-offs whenever possible by communicating directly with the receiving provider, coordinating appointments and transitions, sharing necessary information with appropriate consent, and addressing barriers that could prevent successful engagement.

CoC partners coordinate access to permanent supportive housing, other permanent housing, emergency shelter, benefits, healthcare, behavioral health treatment, peer and recovery supports, transportation, and other resources based on individual need. Heartland and other behavioral health partners provide care coordination, peer support, ACT, crisis follow-up, and community-based services that help individuals remain engaged during housing and treatment transitions.

The CoC emphasizes early discharge and transition planning from hospitals, crisis stabilization, detox/withdrawal management, residential treatment, and justice-system settings. Housing needs are identified as early as possible so partners can work toward a safe housing plan prior to discharge rather than allowing individuals to exit directly into homelessness.

Specialty court partners, including Woodbury County Drug Court and Project Compass Mental Health Court, also coordinate behavioral health treatment, recovery supports, and housing needs to promote successful community stability.

Through these partnerships, the CoC creates a bridge between crisis or institutional services and stable housing, reducing discharges to homelessness, repeated crises, hospitalization, and justice-system involvement while promoting long-term recovery, independence, and housing stability

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$1,301,061
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$1,171,411
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	90%

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.	$439,169
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).	124%

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 Sioux City was previously awarded ESG funds directly, but now ESG goes directly to the state of Iowa. The City of Sioux City receives ESG funding through the state for Street Outreach and Rapid Rehousing. The City of Sioux City is also the CoC lead agency, which means that CoC collaboration with ESG funded programs is seamless. The CoC lead also attends monthly calls with the other CoCs in Iowa as well as the Iowa Finance Authority (IFA). IFA distributes the ESG funding for the state, so these meetings offer a collaborative platform that enhances communication and direction from IFA directly. The only other ESG recipient in our CoC is the Warming Shelter, who is very active in the CoC. Two individuals representing the Warming Shelter sit on the CoC board, and there is consistent daily communication between the Warming Shelter and the CoC lead agency about specific clients and their needs.

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

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

(limit 2,500 characters)

The CoC facilitates training for The Warming Shelter employees in HMIS usage, including privacy and data-security requirements, so both the shelter and other HMIS partners can gather and share essential client information and streamline referrals. The Warming Shelter serves as a front-door access point to the CoC system, entering new client data immediately into HMIS and making timely referrals for Coordinated Entry (CE) intakes and assessments. To reduce barriers, a CE representative also presents on site at The Warming Shelter weekly to complete intakes for guests who have mobility limitations or other challenges that prevent them from accessing the main CE location. Additionally, shelter employees regularly attend coordination meetings with the CoC to connect their clients to Rapid Rehousing, Transitional Housing, Permanent Supportive Housing, and other available programs. The Warming Shelter collaborates directly with CE case managers to collect required documentation, support housing plan development, and maintain ongoing communication so clients do not fall through gaps between shelter and housing programs. Together, the CoC and shelter providers also link clients to mainstream resources and supportive services that promote long-term housing stability. The Warming Shelter also has two representatives on the CoC board. The Gospel Mission is another available shelter in the CoC. Their staff are also in regular contact with CoC agencies and are very active with the CoC. When clients engage with CE, the Gospel Mission is offered as a shelter option and they accept referrals from CE for shelter. There are also two DV survivor shelters, SafePlace and Have House, that cover the CoC. These agencies regularly attend the CE referral meeting and are active members of the CoC. SafePlace also has a staff member on the CoC board.

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 communicates with the other CoCs in the state and the Iowa Finance Authority (IFA) monthly to share updates about the CoCs and get information from the state. Through this collaboration, we also determine what data IFA wants to track across the entire state. The HMIS leads from all CoCs share aggregate data with each other and then present this to the state through the form of an online dashboard. It is updated monthly to show the progress of state funded programming and other statistics. PIT, HIC, and SPM data is also shared this way to keep state officials in the know about statewide data and needs. All of this is done in accordance with HMIS privacy and security procedures, and only aggregate data is shared to ensure the privacy of individuals and families.

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 Homeless Assistance Response Team (HART) is a collaborative City of Sioux City program launched in November 2025 to connect unhoused residents with essential services, housing resources, and medical care. This team is a collaborative of the following departments and agencies: two dedicated officers with the Sioux City Police Departmen, Siouxland Mental Health Center staff from the Mobile Crisis Assessment Team (MCAT), City of Sioux City Neighborhood Services Street Outreach staff, Sioux City Streets Division staff, Siouxland Community Health Center Medical professionals. All HART involved entities share data as needed to support the wellbeing of each client. This data is tracked in HMIS as allowable, but also through the police department and Siouxland Community Health Center. Aggregate data is shared with the City Council, CoC, and the public as possible to educate and inform directive changes. Another local initiative that we use for data is Source for Siouxland. As a central data hub, Source For Siouxland empowers the community by transforming raw regional data into actionable insights. It meticulously collects and analyzes statistics across key sectors to provide a comprehensive snapshot of the tri-state area’s well-being. By synthesizing data from local, state, and federal sources, the initiative offers a transparent, evidence-based foundation for decision-making. These statistics do more than just record numbers; they highlight critical gaps, identify emerging trends, and guide local leaders, nonprofits, and policymakers in allocating resources effectively to foster a more vibrant and resilient Siouxland.

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)

One of our partner agencies, Siouxland Human Investment Partnership, administers a grant from U.S. Department of Labor Employment & Training Administration (ETA) Reentry Employment Opportunities (REO) called Siouxland Pathway. Siouxland Pathway will reach and deliver customized pre- and post-release job driven services focused on in-demand industries leading to industry-recognized crenedentials. The goal is to provide reentry services while participants are still incarcerated and to continue post release, designed to eliminate the gap between release and enrollment into customized career services. Services focus on placement, retention, career advancement, support services and follow up. Highlighted careers are child care, health care, maintenance and environmental services, trades and transportation or commercial driving. Eligible participants will work with case managers who will get them connected to wraparound service and, ultimately, gainful employment. In addition, the COC partners with a the Goodwill of the Great Plains Career Program to provide workforce development and employment readiness services for individuals experiencing homelessness. This program offers structured career coaching, job readiness training, resume and interview preparation, digital skills development, and connections to employers who are open to hiring individuals with significant barriers. Goodwill staff also assist clients in obtaining essential documentation, such as IDs and work authorization, which are often required for both employment and housing placement. Lastly, our CoC partners with IowaWORKS to provide workforce development and employment-readiness services for individuals experiencing homelessness. IowaWORKS offers comprehensive career services including job-readiness training, resume and interview preparation, digital-skills instruction, and direct connections to local employers. Staff assist clients in obtaining essential documentation such as IDs, birth certificates, and work authorization which are often required for both employment and housing placement.

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

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

(limit 2,500 characters)

The City of Sioux City has established a strong multidisciplinary partnership to engage individuals experiencing unsheltered homelessness through the Homelessness Assistance Response Team (HART). HART is a collaborative effort between the City of Sioux City's Neighborhood Services and Street Outreach staff, the Sioux City Police Department, City of Sioux City Parks & Recreation, Siouxland Mental Health Center's Mobile Crisis Team, and Siouxland Community Health Center. This team conducts coordinated outreach to engage individuals living in places not meant for human habitation while connecting them with appropriate services and resources. Siouxland Community Health Center currently participates one day each week by providing medical care on the street, with the goal of expanding as capacity allows. Through HART, partner agencies coordinate multidisciplinary outreach that prioritizes engagement, voluntary connection to services whenever possible, and safe pathways from unsheltered homelessness to emergency shelter, treatment programs, family reunification, transitional housing, and permanent housing. The City fully cooperates with the enforcement of local laws related to public camping, public drug use, and other applicable ordinances while ensuring individuals are offered meaningful opportunities to access available services before, during, and after enforcement activities. The HART model allows community partners to respond together with compassion, consistency, and shared expertise, supporting both public safety and the City's goal of reducing unsheltered homelessness.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The City of Sioux City funds a program for unhoused residents to reunify with family and support systems in other communities across the country through bus tickets. This project is in the same office as the Coordinated Entry lead, so referrals to this project are seamless for the participants. The hospitals, shelters, police, and numerous other providers refer clients to this project when they have a stable connection in another community. They do their best to confirm the support system and housing placement before sending the resident to this other location so that they are not experiencing homelessness in another community unnecessarily.

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 City of Sioux City demonstrates strong cooperation with local homelessness response efforts and actively supports first responders. As the CoC Lead, the City through Neighborhood Services operates Coordinated Entry and HMIS, enabling rapid referrals from police, fire/EMS, crisis teams, and outreach workers into housing and services. The City also provides direct outreach for individuals needing emergency shelter, relocation, or crisis intervention, ensuring seamless collaboration with first responders.

The City's Homelessness Action Response Team (HART) Initiative strengthens these efforts further. HART is a coordinated, cross department effort that brings together law enforcement, outreach workers, public health, and Neighborhood Services to respond to encampments, conduct wellness checks, connect individuals to services, and ensure safety for both the public and people experiencing homelessness. The City fully supports lawful enforcement actions when necessary (such as addressing unsafe conditions or responding to high risk situations), while simultaneously prioritizing service based alternatives and housing placements. This balanced approach demonstrates the City's commitment to being a cooperative partner that assists, not impedes, local efforts to address homelessness.

Together, these coordinated systems demonstrate that the CoC actively cooperates with and strengthens local efforts to advance community objectives around homelessness while assisting first responders in delivering safe, effective interventions.

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 demonstrates a strong and effective plan for quickly clearing tents and encampments on public property and connecting individuals who are camping in public with appropriate services through the City's Homeless Assistance Response Team (HART). Since its launch in November 2025, HART conducts daily weekday patrols beginning with a systematic walk-through the downtown and skywalk system to proactively identify tents, encampments, or unsheltered individuals.

HART's multidisciplinary team, comprised of the Sioux City Police Department, Neighborhood Services, Siouxland Mental Health's Mobile Crisis Assessment Team (MCAT), and the City Parks and Recreation Department, responds immediately when encampments are reported, traveling directly to the location to perform wellness checks, offer crisis intervention, and connect individuals to shelter, the Mental Health Crisis Center, or hospital care.

City Police leadership reports that HART has made significant progress in addressing unsheltered homelessness, completing daily engagements with individuals across the city, including frequent violators of the law, and distributing service information cards, facilitating appointments, and conducting crisis transports. Although many unsheltered individuals remain resistant to services, HART's persistent engagement ensures continual outreach, early removal of tents, and connection to appropriate housing and mental health resources whenever possible.

Through this structured, data informed model, the City of Sioux City and the Siouxland CoC maintain a highly responsive encampment management system that clears tents quickly and consistently connects individuals camping in public spaces to crisis care, shelter, and long term supportive services demonstrating full alignment with HUD's expectations for public space homelessness response.

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)

Since HART began in November 2025, we have seen a significant decrease in the number of visible encampments in the CoC. HART's multidisciplinary team, comprised of the Sioux City Police Department, Neighborhood Services, Siouxland Mental Health's Mobile Crisis Assessment Team (MCAT), and the City Parks and Recreation Department, responds immediately when encampments are reported, traveling directly to the location to perform wellness checks, offer crisis intervention, and connect individuals to shelter, the Mental Health Crisis Center, or hospital care.

Through these operations, HART clears tents the same day they appear, when on public land and before large encampments can form, resulting in consistently low encampment activity across the CoC's geographic area. Current tent presence is episodic and low volume because HART's rapid response model eliminates prolonged encampment buildup by resolving reports immediately and engaging individuals with service options during every encounter. When tents or encampments are identified, HART uses a coordinated approach that pairs law enforcement safety checks with housing referrals, crisis transport, document replacement assistance, and service navigation.

Through conversations with HART, the City decided to create an online portal for reporting and tracking encampments around the City. Previously, encampments were largely reported to the police, but it was not a legal violation and therefore they did not have the authority to address them. Now, the portal entries are sent directly to City staff that can respond to the encampments--HART police officers, inspections division staff, street outreach staff, and the City Manager. Through this improved process, camps on public property can be addressed through HART and posting the adequate notice for the residents to move, and camps on private property are addressed via inspections along with HART once approval is given by the property owner. This has lead to increased coordination amongst City staff and more timely encampment response.

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)

Through HART, the CoC is more engaged with households experiencing unsheltered homelessness. Because police officers are part of HART, they are able to provide law enforcement around the use of illicit drugs. By having a consistent presence in the community, especially in the downtown area, there has been a decrease in the amount of illicit drug use in public spaces. Meanwhile, HART and other outreach teams are actively connecting residents with treatment opportunities as quickly as possible when they are ready. This has moved several people who had previously been unsheltered and actively using substances directly into residential treatment. This has proven to be more effective in getting residents off of living on the streets than sending them to jail for one night for public intoxication. It builds rapport between HART and residents, and after seeing the improvement for community members, it seems to be encouraging others to accept the help from HART

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)

While the CoC does not keep a systemwide dataset measuring drug use incidents, providers, outreach teams, healthcare organizations, behavioral health providers, and law enforcement agencies regularly identify the need for substance use-related services among people experiencing homelessness. Based on Siouxland District Health data, the rate of unintentional drug overdose deaths per 100,000 people in Woodbury County and Dakota County (11.3 and 7.6) are far below the national rate of 22.3 in 2024. There are known public spaces that are areas of frequent illicit drug use, and the Sioux City Police Department has a targeted response to address them and work towards slowing the inflow of drugs in the first place. In CY 2025, there were 66 overdoses reported to the Sioux City Police Department. In 2026, there have already been 70 overdoses reported, so we have surpassed the total number for 2025 with three months left in the calendar year. The top three illicit drugs connected to overdoses based on Sioux City Police Department reports include fentanyl, meth, and prescription drugs (both prescribed and unprescribed to the person).

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)

Through HART, the unsheltered community has more consistent contact with providers, creating a clearer pathway for involuntary commitment and hospitalizations. HART members are able to submit these court committals because they have regular contact with unsheltered community members, which makes it easier to get them more sustained support. Where the community is having issues is once someone has been committed, they are often released from jail or the hospital within two days because they are no longer considered acute and the hospital doesn't have space for long term stays. There are no long term mental health facilities in our region, so despite having the legal mechanism to involuntarily commit someone who is a danger to themself or others, we aren't able to actually get them the services they need to be stabilized and supported. The relationship between the jail and hospitals is also strained for this same reason. The person is not a good fit for either institution, so they are sent back to the street where they have no support and communication is difficult to maintain. Despite this, HART is doing the best they can to maintain positive relationships with this population while we work on the larger placement options.

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

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

(limit 2,500 characters)

The CoC works with local law enforcement and other law enforcement partners responsible for sex offender registration and compliance to verify registration and location information when appropriate, especially with referrals from Coordinated Entry. Applicants are asked if they are required to register as a sex offender and are told that some programs are not able to serve them if they are on the registry because there are families on their property. All CoC funded programs check the state database to ensure that placement is legal and best for the community. The CoC has not established a separate SORNA-specific initiative. Instead, the CoC relies on existing monitoring, technical assistance, competition processes, provider oversight, and coordination activities to help providers understand and comply with applicable HUD requirements and other relevant laws.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

We work with our CoC partner agencies as well as other service providers and city/county government departments to make sure the Coordinated Entry System (CES) reaches all persons experiencing homelessness and they are aware of available services and how to access housing and services. We have distributed fliers and posted signage throughout the metro and rural areas of the CoC's geographic area. We provide translation services. Our CoC and its member agencies use social media, public meetings, street outreach, and 17 electronic signs throughout the community to distribute information on housing and services. A lot of our outreach is done through partner agencies that work with special populations-- DV, youth, families, etc. Growing our CoC membership is one of the main strategies we use to reach out to housholds across the entire geographic area. Through the network of CoC agencies, households are able to get connected to the CoC programs even if it's not initially through CE. Another main strategy is leaning on the HART outreach unit that connects with unsheltered and typically service resistent residents. These residents are typically people that refuse services, but through HART we have had success in engaging more unsheltered residents by meeting them out in the community and slowly offering services at a pace that suits them.

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

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

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

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

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

The CoC's HEARTH Act/McKinney-Vento Education for Homeless Children and Youths Program Policy states that the CoC shall: 1) provide Homeless Assistance Providers with a copy of the McKinney-Vento Education for Homeless Children and Youths Program guidelines and the respective state's (Iowa and Nebraska) Administrative Code regarding educating the homeless; 2) review key principles of the McKinney-Vento Education Program and the State Administrative Code as needed to keep Homeless Assistance Providersapprised of the requirements; and 3) assist Homeless Assistance Providers with implementing the McKinney-Vento Education for Homeless Children and Youths Program as needed. The policy requires that Homeless Assistance Providers ensure all children are enrolled in school and connected to appropriate services as well as: 1) be aware of the requirements of the McKinney-Vento Education for Homeless Children and Youths Program and the respective state's (Iowa and Nebraska) Administrative Code regarding educating the homeless; 2) maintain contact with local school districts' Homeless Liaison or Student Services Office to keep them apprised of the homeless children they are serving; and 3) maintain contact with local school districts' Homeless Liaison or Student Services Office to keep informed of the services available to homeless children and how to help their parents access these services. Per CoC policy, homeless assistance providers are also required to educate the parents on their rights, maintain regular contact with local education liaisons regarding the homeless children in their programs, and ensure access to fair and equal 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)

Our community coordinates referrals with Crittenton Center in Sioux City, Iowa. This is a nonprofit organization that specializes in Child and Family Development, and Child Welfare and Well-being. For over 125 years, they have placed children and families at the center of every decision they make. Crittenton Center's qualified and caring employees provide innovative care through trauma-informed interventions and approaches, evidence-based practices, and researched play-based curriculums. Additionally, they strive to educate, inform, and raise awareness in the community about child abuse prevention, child development, and great parenting! Their mission is to shelter, educate, and empower children, individuals, and families. Through two programs, Supervised Apartment Living and our Transitional Therapeutic Home, they provide much-needed services for youth who are faced with complex trauma, substance use disorders, behavioral disorders, and other mental health needs.

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)

Our community coordinates referrals with Crittenton Center's Street Outreach Program. The Street Outreach Program aims to assist young individuals in transitioning from homelessness to safe and stable housing. This initiative focuses on creating meaningful relationships between Street Outreach Workers and runaway youth, as well as those experiencing or at risk of homelessness. Through this program, Crittenton Center strives to secure stable housing for youth, reconnect them with supportive adults and provide access to essential community resources and services. The target population for this program are runaway, homeless street youth and young adults currently located in the Siouxland Community up to the age of 26. These individuals served have been subjected to, or are at risk of, sexual abuse, sexual exploitation, sex and/or labor trafficking, substance use and other coinciding mental & behavioral health disorders. Street Outreach Program services include street-based education and outreach, individual assessments, intensive case management, gateway services/harm reduction/survival aid, referrals to community resources and services, transportation, emergency shelter services, SUD and mental health treatment, partner opioid treatment and services focused on human trafficking.

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)

SafePlace Transitional Housing Program primarily services families with children experiencing homelessness.

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

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

(limit 2,500 characters)

SafePlace's Transitional Housing program provides individualized supportive services that help survivors increase earned income, strengthen self-sufficiency, and build the financial stability needed to obtain and sustain permanent housing. Advocates work with each participant to identify employment, education, and income goals and connect survivors to IowaWORKS, Western Iowa Tech Community College, vocational rehabilitation, local employers, and other workforce partners. Participants can access résumé development, job search and interview preparation, digital and financial literacy, high school equivalency programs, occupational skills training, credentialing, registered apprenticeships, and post-secondary education. Advocates also help participants overcome barriers to employment by addressing needs such as identification documents, transportation, childcare, work clothing, budgeting, and access to benefits. SafePlace regularly reviews participant goals and progress, helping survivors build the skills, income, and resources necessary to increase self-sufficiency, reduce reliance on temporary assistance, and achieve long-term housing stability.

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)

SafePlace's Transitional Housing program leverages mainstream family service systems to increase household income, address basic needs, and strengthen long-term self-sufficiency. Advocates help eligible participants access Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, childcare assistance, WIC, Social Security benefits, workforce programs, and other federal, state, and local resources. SafePlace coordinates with Iowa Health and Human Services, IowaWORKS, Family Treatment Court, and other community partners to connect families to available benefits and services. By leveraging these existing resources, SafePlace maximizes CoC funding, reduces duplication of services, and helps survivors build financial stability and successfully transition to permanent housing.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

SafePlace's Transitional Housing program combines housing assistance with individualized services that strengthen family stability and self-sufficiency. Advocates help participants identify and access affordable childcare, parenting education and support, prenatal and pregnancy-related healthcare, pediatric and family healthcare, and educational opportunities for both parents and children. Advocates provide warm referrals and help families address barriers such as transportation, enrollment, documentation, and connection to benefits. SafePlace also collaborates with schools, childcare providers, healthcare systems, and community partners to support educational continuity and access to appropriate services. Through survivor-driven service planning, SafePlace helps families maintain safe housing while strengthening parenting supports, improving access to healthcare and education, and building long-term stability.

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)

One partnership we have that serves veterans is FAVA WestCare Iowa. They are dedicated to empowering every veteran with whom they come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.

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)

SafePlace and Haven House, both local victim services agencies and CoC members, to provide shelter, housing assistance, advocacy, and supportive services to individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking. SafePlace provides emergency shelter, transitional and housing assistance, crisis intervention, safety planning, mobile advocacy, and comprehensive supportive services using a trauma-informed, survivor-centered approach.

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 partners with Siouxland Human Investment Partnership who administers BOOST Re-entry, a grant from the U.S. Department of Justice Bureau of Justice Affairs (BJA). They are helping to remove barriers to employment and offering opportunities for education and training to people returning to the Siouxland community, after incarceration.

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

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

(limit 500 characters)

The CoC partners with Sunnybrook Community Church's Street Medicine program that provides free basic healthcare services, including first aid, blood pressure checks, and blood sugar monitoring, to unhoused and under-resourced individuals at multiple locations in downtown Sioux City. We also partner with Siouxland Community Health Center via the Homeless Assistance Response Team (HART).

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 partners with Connections Area Agency on Aging, who's mission is to enhance the quality of life of elders in our service area through education, planning, and coordination to connect to supports they need to remain independent in their communities. We also partner with Siouxland PACE (Program of All Inclusive Care for the Elderly) to deliver comprehensive supportive services for aging individuals experiencing homelessness.

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)

Heartland Counseling Services' Permanent Supportive Housing (PSH) program prioritizes individuals experiencing chronic homelessness and those with significant barriers to housing stability. Through the CoC's Coordinated Entry process, eligible individuals are identified, prioritized, and referred to PSH based on vulnerability and housing needs. HCS provides housing assistance and supportive services to promote long-term housing stability.

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)

Heartland Counseling Services, Inc. (HCS) operates Permanent Supportive Housing (PSH) and is also a Certified Community Behavioral Health Clinic (CCBHC), allowing housing participants to access a comprehensive continuum of behavioral healthcare through the same organization that provides their supportive housing services.

HCS uses a person-centered, community-based approach to bring behavioral health supports to participants rather than relying solely on traditional office-based care. Depending on the participant's needs and preferences, HCS staff can provide supportive services, care coordination, peer support, assessment, crisis intervention, and other community-based behavioral health services in the participant's home, housing setting, or community. This approach is particularly important for individuals experiencing chronic homelessness and Serious Mental Illness who may have difficulty engaging in traditional clinic-based services.

PSH participants also have direct access to Heartland's full CCBHC continuum, including outpatient mental health and substance use disorder treatment, psychiatric evaluation and medication management, MAT/MOUD, Intensive Outpatient Program (IOP) services, 24/7 crisis response, peer and recovery support, and care coordination.

For participants with Serious Mental Illness who require a higher level of community-based support, Heartland operates an Assertive Community Treatment (ACT) program approved in both Iowa and Nebraska. ACT provides intensive, multidisciplinary services in the community and can include assertive outreach, psychiatric and behavioral health treatment, medication support, peer services, crisis intervention, and intensive care coordination.

Because Heartland provides both PSH and comprehensive behavioral health services, housing and clinical teams can coordinate care and facilitate warm hand-offs while maintaining appropriate confidentiality and participant choice. This integrated model reduces barriers to accessing care, supports continued treatment engagement, addresses behavioral health needs that could threaten housing stability, and helps individuals experiencing chronic homelessness maintain permanent housing and progress toward greater stability and independence.

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)

Heartland Counseling Services' Permanent Supportive Housing (PSH) program has a policy and process for assessing whether participants require a higher level of care than can safely and effectively be provided through PSH. Needs are assessed at enrollment and throughout program participation through case management, individualized service planning, behavioral health assessment, and ongoing monitoring of changes in functioning, health, safety, and housing stability.

Staff monitor for indicators that a higher level of care may be necessary, including significant changes in mental or physical health, difficulty completing activities of daily living, repeated crises or hospitalizations, increased substance use treatment needs, cognitive or functional decline, medication concerns, or an inability to safely maintain independent housing despite available supports.

When concerns are identified, PSH staff work with the participant, behavioral health and medical providers, care coordinators, family or natural supports when appropriate, and other service providers to assess whether additional community-based supports can safely maintain the participant in their housing or whether a higher level of care is needed.

As a Certified Community Behavioral Health Clinic (CCBHC), Heartland can connect participants to more intensive services, including psychiatry and medication management, substance use disorder treatment, Intensive Outpatient Program (IOP), crisis services, Assertive Community Treatment (ACT), peer support, and intensive care coordination. When a participant's needs exceed available community-based services, HCS facilitates referrals and warm hand-offs to appropriate levels of care, including residential treatment, inpatient behavioral health treatment, assisted living, skilled nursing, or other appropriate settings.

When transition to a higher level of care is necessary, HCS coordinates with the participant and receiving provider to prevent gaps in treatment or housing. The goal is to provide the least restrictive appropriate level of care while protecting participant safety, supporting recovery and choice, and preventing a return to homelessness.

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)

Heartland Counseling Services' Permanent Supportive Housing (PSH) program has a policy and ongoing process for assessing participant readiness to move from PSH to unsubsidized or other permanent housing when appropriate. Readiness is assessed through regular case management, individualized service planning, and discussions with participants regarding their housing preferences, goals, stability, and level of independence.

Assessment considers housing stability, income and benefits, ability to manage rent and household expenses, independent living skills, behavioral and physical health stability, connection to healthcare and community supports, transportation, landlord history, and the participant's ability to maintain housing with fewer intensive supports. Case managers regularly review progress and discuss whether other permanent housing options may be appropriate based on the participant's needs and preferences.

Heartland has successfully assisted several PSH participants in transitioning to income-based housing after they achieved stability and were ready for greater independence. HCS assists participants with identifying housing, completing applications, coordinating with housing providers and landlords, budgeting, obtaining necessary documentation, and connecting to benefits and other resources needed for a successful transition.

Importantly, moving from PSH does not mean losing supportive services. Heartland has continued serving individuals following successful housing transitions through its community-based programs and peer support providers. These ongoing relationships provide continuity, help participants address challenges before they threaten their housing, and allow individuals to maintain connections with trusted supports while becoming increasingly independent.

As a Certified Community Behavioral Health Clinic (CCBHC), Heartland can also continue providing eligible individuals with behavioral health treatment, medication management, care coordination, peer and recovery supports, and other services after leaving PSH.

Moving on is based on participant choice, demonstrated stability, readiness, and access to safe and affordable housing. This approach allows PSH resources to remain available for individuals with the greatest needs while supporting successful participants in achieving greater independence without losing the community-based supports that contributed to their stability.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

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

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

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

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026

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

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

(limit 2,500 characters)

The Coc's written process for reallocation involves both voluntary reallocation where an applicant chooses to reallocate all or part of their renewal funds to create a new project(s) and involuntary reallocation where the CoC may reallocate funds from low-scoring or low-performing projects to create one or more new projects without decreasing the CoC's ARD. Low performing projects are those who aren't meeting CoC performance standards. Projects that have had funds recaptured are also subject to having the amount of recaptured funds reallocated. If there are no new project applications, the funds remain available for the original renewal project(s). The project scoring/ranking and reallocation procedures are based largely on the SCEH's quarterly reporting. All CoC funded projects submit quarterly reports and data including housing stability, income, data quality and timeliness, and financial accountability is reviewed by the Project Monitoring and Development Committee. This data is taken into consideration along with the project application and overall performance when the projects are scored and ranked during the competition. The CoC's Project Monitoring and Development Committee also considers the CoC's need for a particular project type when considering and scoring/ranking new and renewal project applications.

The CoC's Project Monitoring and Development Committee did not identify any projects through this process during the local competition this year. The CoC did not reallocate any low-performing projects during the local competition.

This year, SafePlace voluntarily reallocated its RRH project to a transition grant into TH. This allowed the CoC to prioritize the PSH project renewal and still maintain rental assistance through TH. Center for Siouxland also voluntarily ended their TH program because they transitioned their building to market rate single room occupancy apartments for low income individuals. This would have been reallocated in FY25 and we are in the process of doing so through our field office. This grant is a renewal in FY26.

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

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

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

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky

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

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

2A-3.	**PIT Count–Methodology Change.**	

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

(limit 2,500 characters)

This year we leaned on the new outreach team, HART, that started in November 2025. This team consists of police officers, street outreach workers, mobile crisis mental health providers, and parks and recreation staff. This team, along with an increased number of volunteers, went out from 4-6 am on the morning of January 29th to find people sleeping outside. We leaned on the expertise of the police and other service providers that are out with people in the early morning hours, and this lead to an increase in the effectiveness of the count. We used this new outreach team as well as our new resource fair hosted on the day of the PIT count to make even more contact. By having all these partners in one place at the resource fair, more unsheltered community members showed up to receive services and do the PIT Count survey. It was warmer on January 28th, 2026 than the PIT Count in 2025 as well as the few days prior to this year's count, so the folks that choose to use ES when it is bitterly cold did so in the days leading up to the count, meaning that they chose to be outside on the night of the count. These difference account for the increase in unsheltered persons.

The Unsheltered count increased quite a bit this year, but it is in large part due to the better counting methods this year. Despite the increase in unsheltered individuals, the sheltered count was lower this year, resulting in only a minor total PIT Count increase despite an in crease in unsheltered homelessness.

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

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

(limit 2,500 characters)

In November 2025, the City began it's HART initiative in large part to address encampments and unsheltered homelessness in the downtown area. During calendar year 2025, we did not track methodically the encampments, but we have tracked encampments since the inception of HART. We had a local Council election that increased public discourse around visible homelessness in the downtown area, which also led to the HART initiative. One of the main directives of HART is to contact encampment residents and encourage them to move into shelter or directly to permanent housing, while also cleaning up the encampment area. Prior to HART, encampments were entirely dealt with by Parks and Recreation staff when on public property, including posting a notice to vacate the public space prior to removing the encampment, and the Inspections Division when on private property. These were done independently without coordination, so the creation of HART has greatly improved coordination across City departments and ensures that the encampment residents are connected with services while their encampment is remedied.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	45
2. Enter the reduction in the number of encampments during your evaluation period.	40

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	60
2. Enter the reduction in the number of people in encampments during your evaluation period.	55

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

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

(limit 2,500 characters)

"The CoC demonstrates a strong and effective plan for quickly clearing tents and encampments on public property and connecting individuals who are camping in public with appropriate services through the City's Homeless Assistance Response Team (HART). Since its launch in November 2025, HART conducts daily weekday patrols beginning with a systematic walk-through the downtown and skywalk system to proactively identify tents, encampments, or unsheltered individuals.

HART's multidisciplinary team, comprised of the Sioux City Police Department, Neighborhood Services, Siouxland Mental Health's Mobile Crisis Assessment Team (MCAT), and the City Parks and Recreation Department, responds immediately when encampments are reported, traveling directly to the location to perform wellness checks, offer crisis intervention, and connect individuals to shelter, the Mental Health Crisis Center, or hospital care.

City Police leadership reports that HART has made significant progress in addressing unsheltered homelessness, completing daily engagements with individuals across the city, including frequent violators of the law, and distributing service information cards, facilitating appointments, and conducting crisis transports. By December 2025, 40 encampments were documented by HART staff. As of September 2026, that list is down to just 15 known encampments. This is a reduction of over 60%. Through this structured, data informed model, the City of Sioux City and the Siouxland CoC maintain a highly responsive encampment management system that clears tents quickly and consistently connects individuals camping in public spaces to crisis care, shelter, and long term supportive services demonstrating full alignment with HUD's expectations for public space homelessness response.

In addition, the City opened a new encampment reporting tool on the its website so that residents can share where they see encampments. This then gets sent to the entire HART team and Inspections Division to make sure that all the necessary parties are informed. The team then collaborates on making contact with the individual residing on the property by HART staff, while the inspectors contact the property owner to remedy the encampment if it's on private property. If it is on City property, the necessary steps are taken to follow the City's procedure for notifying residents of encampments of removal timelines and their rights. "

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)

There is a documented increase in first time homelessness between the SPMs for FY24 to FY25, but this can be explained by the Warming Shelter, our largest emergency shelter, beginning to enter data in HMIS. They began this in November 2024 and are continuously improving data quality. This is the shelter that the large majority of people experiencing homelessness in our community go to, so now that we have their data we will have a more accurate picture of homelessness.

Meanwhile, the state of Iowa has prioritized homelessness prevention rental assistance, and our CoC accepts as much of that funding as possible. It is administered by the City of Sioux City Neighborhood Services Division and helps households that have fallen behind on rent catch back up with some supportive case management and resource navigation. The Woodbury County Community Action Agency also consistently has TBRA and other general fund assistance dedicated to eviction prevention. We also collaborate with Iowa Legal Aid to assist households facing eviction to prevent homelessness. Additionally, when a household contacts Coordinated Entry, the intake staff use diversion techniques and ask open ended questions about their support system and other options outside of the homeless response system to prevent homelessness in the first place.

The CoC Board recognizes the gap in our system related to preventing homelessness in the first place, and has prioritized creating a flexible fund to address these specific issues that traditional funding does not cover completely. This is a way for the community to engage businesses and private residents to support their neighbors and reduce the amount of homelessness in the community. We also plan to apply for other grants and foundations to create a sustainable way to support the homeless response system by reducing the inflow of homelessness. The CoC will continue strengthening partnerships outside the traditional homeless response system. This includes collaboration with local governments, schools, healthcare and behavioral health systems, public housing authorities, community-based organizations, and other institutions likely to encounter households experiencing housing instability. Earlier referral and coordination can create opportunities to resolve housing crises before households require emergency shelter or other homeless services.

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)

We had an overall reduction in the length of time homeless between FY24 and FY25. The CES is increasingly relying on diversion programs and alternative methods to housing, such as the security deposit assistance program through the City of Sioux City, and shared housing. The local emergency shelter also now has a housing case worker to work with residents on a housing plan more consistently, helping them navigate the housing process and advocating with landlords and employers. CE Staff engage clients in diversion conversations each time they touch the system. The conversations guide the client through strength-based problem solving to identify places they may be able to stay until permanent housing can be identified. Program staff work closely with clients to help them overcome barriers preventing them from obtaining their own permanent housing. The Coordinated Entry committee plans to address the prioritization plan by addressing the assessment used to more accurately capture the needs of the unhoused community in our CoC. We hope that this will lead to a more accurate understanding of the needs of the community, which we will then use to target our funding plan to address especially first time and family homelessness. This will be part of the strategic plan set forth by the CoC board.

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?	71.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Using the reporting timeframe of 10/1/24-9/30/25, we ran a report on the exit destinations of all TH, RRH, and PSH in the HMIS database for our CoC (this does not include our DVIMS projects). There were 113 individuals that exited these projects during the reporting period. Within this universe of 113 participant exits, 80 participants exited to one of the following HMIS Data Element 3.12 (Exit Destination) responses: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; or Owned by client, no ongoing housing subsidy. These four destination categories were combined and divided by the total number of TH, RRH, and PSH exits (80 ÷ 113), resulting in 71% exiting to unsubsidized housing.

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

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

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	231	42	158	57.88%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	11	1	12	100.00%
4. Rapid Re-Housing (RRH) beds	3	22	25	100.00%
5. Permanent Supportive Housing (PSH) beds	90	0	50	55.56%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

ES: As a smaller CoC, the decision of one agency to not use HMIS greatly impacts these percentages, despite the total numbers being relatively small. We only have four emergency shelters in our CoC, two of which are small VSP shelters. The larger shelter recently started consistently using HMIS. The emergency shelter beds not in HMIS are from the Gospel Mission. After many months of working towards them using HMIS, the agency decided to use an alternate data tracking method. Afterwards, they found out that the data cannot be shared without a major data sharing agreement and software cost. We are actively working towards a plan of monthly data sharing where HMIS lead staff enter their basic shelter data into the SCEH HMIS so that their residents are counted. First, we will need to establish a data sharing plan and ROI that the residents sign ahead of data collection to ensure accurate and effective data security and privacy. Then the HMIS lead will work with their IT department to establish a secure data sharing method to allow for monthly transfers of encrypted data. Then the HMIS lead staff will enter the information into the SCEH HMIS. The HMIS lead also continues to make it clear that HMIS is always an option for their shelter, and they can transfer to using HMIS at any time.

PSH: The PSH beds can be attributed to the HUD VASH units in our community. The local VA and housing authority have historically not been interested in entering this data in HMIS. However, the HMIS lead will initiate further conversations to ensure that this data is captured in HMIS eventually. If the VA and Housing Authority staff cite staffing shortages or time constraints, the HMIS lead will offer a plan like that for the emergency shelter to have HMIS lead staff enter client specific data into HMIS for this project.

3A. Policy Initiatives

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

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

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/30/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3 Language fro...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Scoring Tool	09/30/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	IA-500 FY 2026 HD...	09/30/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	2996 Street Outreach	09/30/2026
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 TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: Evidence of Coordination and Non-Interference with local Public Safety Efforts

Attachment Details

Document Description: Local Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: IA-500 FY 2026 HDX Competition Report

Attachment Details

Document Description: 2996 Street Outreach

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	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

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

N/A

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

N/A

Heartland Counseling PSH Service Participation Agreement

Participant Name: _____

Unit/Room: _____ Effective Date: _____

1. Purpose

This Service Participation Agreement outlines the supportive service expectations for participants residing in the project. These services are designed to help you obtain and maintain housing stability, increase income, improve health and well-being, and successfully exit to permanent housing. This agreement complies with Housing and Urban Development (HUD) 24 CFR 578.75(h) and subsequent Notice of Funding Opportunity requirements under which this program is funded. The purpose of this agreement is to explain what you agree to do while in the program and what the program agrees to do to support your housing stability, safety, and progress toward your goals. Our goal is to help you stay safely housed, improve your well-being, and connect you with services that support long-term stability.

2. Participant Responsibilities: What You Agree to Do*

A. Meet with Your Case Manager

You agree to meet with your case manager on a regular schedule. These meetings help you:

- Work on your goals
- Solve problems early
- Understand your housing responsibilities and
- Keep your housing stable

Your case manager will also help with referrals, benefits, employment services, and other supports that fit your needs.

B. Work on Your Housing Stability Plan

You and your case manager will create a Housing Stability Plan. You agree to:

- Set and take steps toward your goals (housing stability, improved health and wellness, increased employment income leading to financial stability and self-sufficiency, etc)
- Discuss strategies for achieving set goals and target dates for achievement
- Discuss the services available to you, when and how often they are provided and by whom
- Select the service types you are interested in and preferences to attend (in-person, virtual, self-directed, etc.)
- Follow up on referrals and attend appointments
- Engage in housing retention activities, if necessary
- Turn in paperwork needed for recertification or income updates and
- Tell staff when you need help or your situation changes

C. Use Supportive Services

To the best of your ability, you agree to take part in supportive services that you or the program identifies as necessary to help you remain successful in housing, including but not limited to:

- Employment or income support
- Life skills or budgeting help and
- Health or behavioral health referrals

You will not be required to participate in disability-related services unless the purpose of the program is to provide substance use treatment, as allowed under federal regulations.

3. Program Responsibilities: What the Program Agrees To Do

A. Provide Customized Support and Case Management

The program will:

- Assign you a case manager
- Help you understand your lease, if applicable
- Support you in creating and following your Housing Stability Plan
- Connect you with the services you want or need
- Services may include project-based, partner-delivered, or participant self-directed activities, and will be delivered on-site, off-site, or virtually
- Tailor services for you based on your need
- Maintain a weekly service availability schedule
- Document availability of services and customization through the Housing Stability Plan

What Customized Services means: A flexible bundle of project or partner provided services, supports, and activities selected in collaboration with each participant, based on their goals, strengths, needs, and readiness. Customized services may include any combination of:

- Case management, service coordination, housing stability planning
- Employment and education services, job readiness, training, or skill development
- Life skills, budgeting, nutrition, household management
- Health & behavioral health treatment services, including arranged appointments, care coordination, wellness groups
- SUD treatment or recovery supports, when appropriate and voluntary unless required by program design and compliant with 24 CFR 578.75(h)
- Peer support, mentoring, or recovery coaching
- Benefits enrollment, financial or other counseling, or income-support navigation
- Community integration activities, recreational or therapeutic programming
- Self-directed activities, such as online classes, job search activities, community-based support group participation, volunteering, community-building activities, and work-therapy

B. Communicate Clearly

The program will explain rules and expectations in clear language and provide written copies of program policies.

C. Respect Your Rights

The program will:

- Treat you with respect
- Keep your information private as required by law and
- Provide a fair and accessible grievance and appeals process

4. Non-Participation in Required Services

If you do not participate in services required by the program:

- Staff will talk with you about the concern and try to understand barriers
- Staff will work with you to re-engage in a supportive way
- You will be offered the chance to request a reasonable accommodation if you qualify
- Staff will create corrective action plans before considering discharge

If you continue to not participate in required services, **you may lose program assistance**, following all due process, notice, appeal, and client rights procedures included in the program's policies.

This agreement **does not** replace your lease. Lease violations follow the legal process required by the landlord and local law.

5. Your Rights

Throughout your program participation you have the right to:

- Access services in a trauma-informed manner
- Reasonable accommodations
- Accept or decline disability-related services.
- Non-discrimination
- Ability to file grievances without retaliation

6. Termination & Appeals

Terminations follow 24 CFR 578.91 with due process.

7. Agreement and Acknowledgement

I have read (or had explained to me) this **Service Participation Agreement**. I understand my responsibilities and the responsibilities of the program and that I may ask questions at any time.

Signatures:

Participant: _____ Date: _____

Staff: _____ Date: _____

*Except where required participation is prohibited under VAWA, VOCA, FVPSA and other applicable laws, including for individuals and families who are fleeing or attempting to flee from domestic violence, stalking, sexual assault, or human trafficking.

Meaningful Participation in Supportive Services

SafePlace's Transitional Housing Program promotes meaningful participation in supportive services to help participants strengthen safety, increase self-sufficiency, and successfully transition to permanent housing.

Consistent with 24 CFR § 578.75(h), participants are expected to meaningfully engage in non-disability-related supportive services as a condition of continued program participation. SafePlace defines meaningful participation as active, good-faith engagement with an advocate in identifying goals, addressing barriers, reviewing progress, and planning for long-term housing stability.

Meaningful participation is individualized and survivor-led. It does not require every participant to follow the same service plan, achieve specific outcomes, or participate in every service offered. Participants determine their priorities and make their own decisions about how to pursue their goals.

SafePlace advocates will promote meaningful participation by:

- building collaborative and trusting relationships with participants;
- helping participants identify their own strengths, needs, priorities, and goals;
- offering choices whenever possible;
- connecting participants with employment, education, workforce development, financial literacy, childcare, parenting support, healthcare, legal, transportation, and other resources based on individual needs and goals;
- regularly reviewing housing, income, safety, and self-sufficiency goals with participants;
- adapting service delivery when trauma, safety concerns, employment, childcare, transportation, disability, or other barriers affect participation; and
- using problem-solving and re-engagement rather than punitive responses when participation becomes difficult.

A participant demonstrates meaningful participation through ongoing communication and reasonable engagement with their advocate and individualized service plan. Progress will be measured by engagement and movement toward participant-identified goals rather than completion of prescribed activities or achievement of predetermined outcomes.

SafePlace will not require participation in disability-related services prohibited from being mandatory under 24 CFR § 578.75(h). Participants will not be required to obtain mental health treatment, take medication, participate in healthcare treatment, report abuse to law enforcement, seek a protection order, participate in prosecution, or make a particular personal, legal, medical, family, or safety decision as a condition of continued participation.

When participation decreases, SafePlace will first seek to understand whether trauma, ongoing victimization, safety concerns, accessibility needs, employment, childcare, transportation, communication barriers, or other circumstances are affecting engagement. Advocates will work with the participant to modify the service approach when appropriate and develop a reasonable plan for re-engagement.

SafePlace's goal is not simply service attendance. The goal is meaningful, survivor-led engagement that supports safety, self-sufficiency, permanent housing, and long-term stability while respecting each survivor's autonomy, confidentiality, and right to make their own decisions.

SIOUX CITY

September 30, 2026

Mr. Norm Suchar
Director
Office of Special Needs Assistance Programs
Department of Housing and Urban Development

RE: City of Sioux City
IA-500 Continuum of Care—Sioux City/Woodbury, Dakota Counties
Evidence of Coordination and Non-Interference with Local Public Safety Efforts

Dear Mr. Norm Suchar:

The City of Sioux City is the lead agency and collaborative applicant for the IA-500 Continuum of Care (CoC), the Siouxland Coalition to End Homelessness. The CoC and City work in partnership to address homelessness and connect individuals with appropriate services.

The City confirms that, to the best of our knowledge, the Siouxland Coalition to End Homelessness and its CoC funded programs do not interfere with or impede the City's lawful public safety efforts, including activities related to tents and encampments, public use of illicit drugs, individuals who present a danger to themselves or others, and sex offender registration requirements.

The City retains responsibility and authority for its law enforcement and public safety functions. The Siouxland Coalition to End Homelessness supports these efforts by coordinating access to street outreach, shelter, behavioral health and substance use treatment, housing, and other supportive services.

The City of Sioux City values its partnership with the Siouxland Coalition to End Homelessness and its commitment to supporting both public safety and an effective community response to homelessness.

Sincerely,

Michael Collett
City Manager
City of Sioux City

OFFICE OF THE CITY MANAGER 405 6th Street P.O. Box 447 Sioux City, IA 51102 PH 712-279-6102 FAX 712-279-6291 WEB sioux-city.org

Siouxland Coalition To End Homelessness

Renewal and New Project Review/Score/Rank Policy

Policy: to determine the process by which new and renewal project applications will be reviewed, scored, and ranked within HUD's CoC Program Competition.

Purpose of This Guide

This scoring guide explains how new and renewal project applications will be evaluated in the FY2026 Continuum of Care (CoC) Local Competition for Siouxland Coalition to End Homelessness (SCEH). It is designed to help applicants prepare accurate, complete submissions and to understand how points are assigned across all project types.

The scoring process is built directly from the FY2026 HUD CoC NOFO, and federal regulatory requirements at 24 CFR part 578.

The FY2026 Siouxland Coalition to End Homelessness CoC competition will accept applications for the following new and renewal project types:

- Permanent Supportive Housing
- Rapid Rehousing
- Transitional Housing
- Supportive Services Only
- Supportive Services Street Outreach
- Coordinated Entry
- HMIS

Scoring

For FY2026, the CoC's scoring structure is aligned with HUD expectations for transparency and performance weighting. Across all project types, 50 percent of available points are derived from objective criteria (e.g., cost-effectiveness, performance data, type of population served). 25 percent of points are drawn from system performance measures, (i.e., utilization, exits to permanent housing, returns to homelessness). The remaining points are related to achieving threshold criteria.

Projects are evaluated in three stages:

1. **Threshold Review**

All new and renewal projects must pass basic threshold requirements before they can be scored. Threshold is pass/fail. Failure on any required item disqualifies the project from further consideration.

2. **Project-Type Scoring**

New and renewal projects are then scored according to the rubric associated with their project category:

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Transitional Housing (TH)
- Supportive Services Only (SSO)
- Supportive Services Street Outreach (SSO-SO)
- Coordinated Entry (SSO-CE)
- HMIS

3. Ranking

Scores contribute to the project ranking procedures, Tier 1/Tier 2 placement (60%/40%), and are submitted in the consolidated application to HUD.

The CoC is prioritizing projects in this order:

1. PSH renewal(s)
2. RRH renewal(s)
3. TH renewal(s)
4. Providers with existing CoC funded projects that have elected to transition or create new transitional housing
5. New transitional housing and supportive services only projects that meet all FY2026 CoC competition requirements and increase overall CoC scoring
6. New PSH
7. New RRH

HMIS and Coordinated Entry projects will be ranked to ensure continuity of funding for these essential CoC infrastructure projects.

Siouxland Coalition To End Homelessness: Project Scoring

1. Threshold Review Criteria

Projects that do not meet all required threshold criteria will not be scored. (NOFO pg 60)

- Applicant and any subrecipient are eligible under 24 CFR 578, not debarred, with active UEI and SAM.
- Recent audit or financial statements show no material weaknesses that would compromise grant management.
- No unresolved HUD findings or OIG issues that would materially affect performance.
- Project operates in CoC geography and serves CoC-eligible populations.
- The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).
- The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.
- Uses or commits to use HMIS; victim service uses a comparable, compliant database.
- Project agrees to receive referrals only through CE and follow CE protocols.
- For TH only: model, population, and activities meet the CoC Program TH definition.
- For SSO only: services are eligible SSO activities under 24 CFR 578 and are clearly linked to housing outcomes.
- For SSO Street Outreach only: target population is unsheltered (streets, encampments, places not meant for habitation).
- For SSO SO only: proposal aligns with CoC-led unsheltered/encampment strategy and public-safety language in NOFO.

2. Project Type Scoring:

Renewal HMIS, SSO-Coordinated Entry, PH-PSH, PH-RRH, and TH Projects

In order to be considered for reviewing, scoring, and ranking, all renewal project applications must submit:

- a complete renewal project application to the CoC through the *eSnaps* online system by the announced deadline
- a complete set of other required reports and documents, as requested, by the announced deadline. Incomplete or late applications and materials will not be accepted, and the project application will be rejected by the CoC.

All renewal **HMIS** projects will be scored using the developed Performance Scoring Charts for HMIS Projects. Scoring criteria for renewal projects will include:

- HMIS System Performance – 65 pts. (pg.17-18)
  - Training – 15 pts.
  - Data Collection – 15 pts.
  - Reporting – 15 pts.
  - Efforts/Plans to expand HMIS Participation – 10 pts.
  - 360^{o} Agency Review – 10 pts.
- Grant Funding Expenditures/Drawdown – 10 pts.
- Total points available = 75 points

All renewal **Coordinated Entry (CE)** projects will be scored using the developed Performance Scoring Chart for CE Projects. Scoring criteria for renewal projects will include:

- CE System Performance – 65 pts. (pg. 19-20)
  - Access – 15 pts.
  - Assessment – 10 pts.
  - Prioritization – 10 pts.
  - Referral – 10 pts.
  - Efforts to Expand CE participation – 10 pts.
  - 360^{o} Agency Review – 10 pts.
- Grant Funding Expenditures/Drawdown – 10 pts.
- Total points available = 75 points

All renewal **PH-PSH, PH-RRH, and TH** projects will be scored using the developed Performance Scoring Charts for PH-PSH, PH-RRH, and TH Projects. Scoring criteria for renewal projects will include:

- Performance Measures – 45 pts. (pg. 12-14)
  - Returns to homelessness – 15 pts.
  - Exit to positive destinations – 15 pts.
  - Employment income – 15 pts.
- Supportive Service Participation Criteria – 10 pts (Pg. 15)
- Data Quality/Completeness – 5 pts. (pg. 14)
- Data Entry Timeliness – 5 pts. (pg. 14)
- Project Cost Reasonableness – 5 pts.
- Grant Funding Expenditures/Drawdowns – 5 pts. (pg. 16)
- Total points available = 75 points

Accepted projects will be ranked by score, from highest to lowest. In the event that 1st year renewal projects (new projects awarded during the previous federal FY funding

cycle) are not under contract and have not begun operating at the time of the competition, they will be exempt from the scoring criteria for renewal projects and will instead be automatically ranked in the order they ranked in the Priority Rankings submitted to HUD in the previous year.

Applicability to Transition Projects:

Transition projects are scored according to the new project type they convert into, i.e., RRH projects transitioning to TH are scored under the "New Transitional Housing" criteria, same with PSH to TH or SSO.

Projects transitioning will be scored using data from their existing project/s.

New HMIS, SSO-Coordinated Entry, PH-PSH, and PH-RRH Projects

In order to be considered for scoring and ranking, all new project applications must submit a complete new project application to the CoC through the *eSnaps* online system by the announced deadline.

Incomplete or late project applications will not be accepted, and the project application will be rejected by the CoC.

New projects typically do not have direct HMIS performance history within the CoC. For scoring purposes, the CoC will use outcome and performance data from comparable projects and databases where such data are available (provided by applicant). Where comparable data are not available or not provided, the project will receive no points for the affected performance measures, and those items will remain part of the total possible score.

All new **HMIS** projects will be scored using the developed Performance Scoring Charts for New HMIS Projects. Total Points available = 75 points. Scoring criteria for new projects will include:

- Agency Experience – 15 pts.
- Project Detail – 50 pts.
    - Training
    - Increase HMIS Participation
    - Data Standards (collects all Universal Data Elements and can un-duplicate client records, NOFO pg. 68)
    - Privacy and Security
    - Reporting
- Budget – 10 pts.
- Total Points Available - 75 pts.

All new **Coordinated Entry (CE)** projects will be scored using the developed Performance Scoring Chart for New CE Projects. Total points available = 75 points. Scoring criteria for renewal projects will include:

- Agency Experience – 15 pts.

- Project Detail – 50 pts.
    - Access
    - Increase CE Participation
    - Assessment
    - Referral
- Budget – 10 pts.
- Total Points Available – 75 pts.

All new **PH-PSH** projects will be scored using the developed Performance Scoring Charts. Total Points available = 75 points. Scoring for New PH-PSH Projects will include: (NOFO pg. 66)

- Agency Experience – 10 pts.
- Project Detail – 30 pts.
  Complete and specific project description must address:
    - Housing type (# and configuration of units);
    - Type of supportive services and assistance that will be offered to program participants that ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs;
    - If the applicant is proposing to expand an existing PSH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services.
    - populations served;
    - Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs.
- Supportive Service Participation Criteria – 10 pts
- Performance Measures – 15 pts.
- Project Cost Reasonableness – 10 pts.
- Total Points Available – 75 pts.

All new **PH-RRH** projects will be scored using the developed Performance Scoring Charts. Total Points available = 75 points. Scoring for New PH-RRH Projects will include: (NOFO pg. 67)

- Agency Experience – 10 pts.
  The applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have:
    - at least 50 percent of participants exit to permanent housing within 24 months;
    - at least 50 percent of participants exit with employment income.
- Project Detail – 30 pts.
  Complete and specific project description must address:
    - The provision of tenant-based rental assistance will help individuals and families achieve self sufficiency within 24 months.
    - Type of supportive services and assistance that will be offered to program participants that ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.

    - Populations served;
    - Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs.
- Supportive Service Participation Criteria – 10 pts
- Performance Measures – 15 pts.
- Project Cost Reasonableness – 10 pts.
- Total Points Available – 75 pts.

All new **TH** projects will be scored using the developed Performance Scoring Charts. Total Points available = 75 points. Scoring for New TH Projects will include: (NOFO pg. 63)

- Agency Experience – 10 pts.
  The applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have:
    - at least 50 percent of participants exit to permanent housing within 24 months;
    - at least 50 percent of participants exit with employment income.
- Project Detail – 30 pts.
  Complete and specific project description must address:
    - How the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)
    - Populations served;
    - Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs
    - Description of how the proposed project will:
    - assess the service needs of program participants,
    - and provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, with exceptions as explained on pg. 64 of the FY26 NOFO.
    - Individualized services plans that outline the services to be provided, when and how often services will be provided, by whom all services will be provided, as well as program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.
- Supportive Service Participation Criteria – 10 pts
- Performance Measures – 15 pts.
- Project Cost Reasonableness – 10 pts.
- Total Points Available – 75 pts.

All new **SSO- Standalone** projects will be scored using the developed Performance

Scoring Charts. Total Points available = 75 points. Scoring for New SSO-Standalone Projects will include: (NOFO pg. 64)

- Agency Experience – 20 pts.
- Project Detail – 30 pts.
  Complete and specific project description must address:
    - The project's plan to:
    - assist people in exiting homelessness,
    - address barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.)
    - increase self-sufficiency and;
    - conduct an annual assessment of the service needs of the program participants.
    - Strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
    - populations served;
    - Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs.
- Performance Measures – 15 pts.
- Project Cost Reasonableness – 10 pts.
- Total Points Available – 75 pts.

All new **SSO- SO** projects will be scored using the developed Performance Scoring Charts. Total Points available = 75 points. Scoring for New SSO-SO Projects will include: (NOFO pg. 65)

- Agency Experience – 20 pts.
- Project Detail – 30 pts.
  Complete and specific project description must address:
    - The project's plan for helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.
    - Strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
    - Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.
    - populations served;

    - Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs.
- Performance Measures – 15 pts.
- Project Cost Reasonableness – 10 pts.
- Total Points Available – 75 pts.

Accepted projects will be ranked by score from highest to lowest.

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

All Projects

Project Scoring Summary

Performance/Scoring Measure (Max. Pts.)	Project A	Project B	Project C
Returns to Homelessness (15 pts.)			
Exit to positive destinations (15 pts.)			
Employment income (15 pts.)			
Supportive Service Participation Criteria (10 pts.)			
Data Quality/Completeness (5 pts.)			
Data Entry Timeliness (5 pts.)			
Project Cost Reasonableness (5 pts.)			
Grant Funding Expenditures/Drawdowns (5 pts.)			

TOTAL COMBINED SCORE (75 pts.)	0	0	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00%	0.00%	0.00%

Performance/Scoring Measure (Max. Pts.)	Project A - HMIS
Training (15 pts.)	
Data Collection (15 pts.)	
Reporting (15 pts.)	
Efforts/Plans to expand HMIS Participation (10 pts.)	
360 Agency Review (10 pts.)	
Program Management/Spending (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00%

Performance/Scoring Measure (Max. Pts.)	Project A - Coordinated Entry
Access (15 pts.)	
Assessment (10 pts.)	
Prioritization (10 pts.)	
Referral (10 pts.)	
Efforts/Plans to expand CE participation (10 pts.)	
360 Agency Review (10 pts.)	
Program Management/Spending (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00%

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

Transitional and Permanent Housing Projects

Exit to Positive Destinations. (Goal: 80%+ PSH, 50%+ TH/RRH remaining in PH or exiting to PH)

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email ccoly@sioux-city.org if corrections are needed.

PH - PSH Scoring:
(maintain/exit to PH)
96% or higher = 15 pts.
80% - 95% = 10 pts.
less than 80% = 05 pts.

Permanent Housing Projects	Total participants	Stayers	Exits to Other PH (Q23A, 23B)	Total stayers and PH exits	Percentage of participants who either remained in PH or exited to PH.	Avg. length of time to housing	Score
					#DIV/0!		
Totals	0	0	0	0	#DIV/0!		

TH/RRH Scoring
50% or higher = 15 pts.
40% - 49% = 10 pts.
less than 49% = 5 pts.

Transitional Housing Projects	Total participants	Stayers	Exits to PH (Q23A, 23B)	Total leavers	Percentage of participants who exited to PH.	Avg. length of time to housing	Score
					#DIV/0!	N/A	
					#DIV/0!		
Totals	0	0	0	0	#DIV/0!		

Commented [SP1]: Is the goal for TH also 80%. On page 63 of the NOFO it discusses 50%

Commented [SP2]: It states 50% on this table

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

Transitional and Permanent Housing Projects

Returns to Homelessness. (Goal: <8% returning to homelessness in 24 months)

Note: Calculations based on comparing the reports 'clients exiting program' and 'clients entering CoC'. Email ccoly@sioux-city.org with any questions about this data.

PSH/RRH Scoring **Returns to Homelessness** <8%= 15 points 8%-16%= 10 points >16%= 5 points				
Project	**# Clients exiting to PH**	**# Clients that returned to homelessness within 24 months of program exit**	**% of clients that returned to homelessness within 24 months of program exit**	**Score**

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

All Projects (Excluding HMIS, CE)

Sources of cash income. PSH Goals: 15%+ obtain employment/earned income; RRH/TH Goals: 50%+ obtain employment/earned income

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email ccoly@sioux-city.org if corrections are needed.

Earned Income Scoring:

20% or higher = 15 pts.

10% - 19% - 10 pts.

less than 10% = 5 pts.

Other Cash Income Scoring: PSH Projects

50% or higher = 10 pts.

30% - 49% = 7 pts.

less than 30% = 3 pts.

Project	Cash Income Sources	# of Adult Leavers w/ income source (18)	Total Adult Leavers (5a)	% of Adults w/ earned income	% of Adults w/ other cash income	% of Adults w/ both earned income and other income	% of Adults w/ no cash income	Score
	Earned Income			#DIV/0!				
	Other Cash Income Sources:				#DIV/0!			
	Both Earned and Other Income Sources:							
	No Cash Income Sources:						#DIV/0!	

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

Transitional and Permanent Housing Projects

Supportive Service Participation Criteria.

Note: Calculations based on FY26 Project Application

PSH/RRH Scoring **Supportive Service Participation Criteria** Participation Required= 10 points Participation Encouraged= 5 points		
Project	**Does the project require participation in supportive services?**	**Score**

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

All Projects (Excluding HMIS, CE)

Data Quality, Timeliness (Goals: <5% null/missing data in all categories;
100% of entry/exit data entered in <6 days)

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email ccoly@sioux-city.org if corrections are needed.

Data Quality/Completeness Scoring:	**Data Entry Timeliness Scoring:**
95-100% complete in all categories = 5 pts.	100% in </= 6 days = 5 pts.
85-94% complete in any category = 3 pts.	95-99% in </= 6 days = 3 pts.
less than 85% complete in any category = 0 pts.	less than 95% in</= 6 days = 0 pts.

Project	Data Element	% of Error Rate			Score
	Name (6a)				
	SSN (6a)				
	Date of Birth (6a)				
	Race (6a)				
	Ethnicity (6a)				
	Gender (6a)				
	Veteran Status (6b)				
	Relationship to HoH (6b)				
	Client Location (6b)				
	Disabling Condition (6b))				
	Destination (Exit) (6c)				
	Income and Sources (Entry) (6c)				
	Income and Sources (Annual Assess) (6c)				
	Income and Sources (Exit) (6c)				
	# of Times/# of Months Homeless in Past 3 years)				
	Domestic Violence (14a)				
	Fleeing Domestic Violence (14b)				
	Residence Prior to Project Entry (15)				

	Non-Cash Benefit Received (20b)				
	Covered by Health Insurance (21)				
	Data Quality/Completeness Score				

Project	Data Entry Timeliness	Total # of Entry/Exit Records	# of Records entered in <6 days	% entered in <6 days	Score
	Data Entry Timeliness			**#DIV/0!**	

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance Charts

All Projects

Financial Management, Application Submission

(Goals: 100% funds expended**)**

Note: Calculations based on most recent SCEH Quarterly Reporting Data

For all performance charts, please review your most recent SCEH Quarterly Reporting Data and email ccoly@sioux-city.org if corrections are needed.

Recaptured Funds/Budget Amendment Scoring

100% expended, as budgeted = 10 pts.

5% or less recaptured/re-budgeted = 5 pts.

6% - 10% recaptured/re-budgeted = -2 pts.

>10% recaptured/re-budgeted = -5 pts.

Applicant/Project	Total Budget	Total Funds Expended	% of Funds Expended	Score
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	
			#DIV/0!	

Application/Report Submission - not scored

Application must be Complete and Submitted by 11:59 p.m., Wednesday, July 22, 2026

Incomplete or Late Applications will not be accepted.

Applicant/Project	Application submitted in eSnaps by 9/20/24	Addl. Materials submitted to SCEH by 9/20/24	HUD Correspondense, if applicable	Score
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance

HMIS

Training (15 pts.)

Score:

Points to consider when scoring:

Types of training provided
Avg. # of hours spent providing training
Adequacy of training provided
Responsiveness to agencies
Barriers to training
Opportunities for the future

Scorer's Comments:

Data Collection (15 pts.)

Score:

Points to consider when scoring:

Efforts to improve data collection/reporting
Efforts to improve SPM's
Bed Coverage % in HMIS
Bariers to data collection
Opportunities for the future

Scorer's Comments:

Reporting (15 pts.)

Score:

Points to consider when scoring:

Meeting HUD required data elements
Availability of CoC-level data
Barriers to reporting
Opportunities for the future

Scorer's Comments:

Expanding HMIS Participation (10 pts.)

Score:

Points to consider when scoring:

Efforts to engage non-funded agencies
Efforts to increase bed coverage
Barriers to expansion
Opportunities for the future

Scorer's Comments:

360 Agency Review (10 pts.)

Score:

Points to consider when scoring:

Types of training available/received
Adequacy of training
Responsiveness of staff
Overall experience

Scorer's Comments:

IA-500 SCEH CoC FY 2026 Renewal Applicants Performance

Coordinated Entry

Access (15 pts.)

Score:

Points to consider when scoring:

Accessibility of CE - advertising/promotion, walk-in hours, phone assistance, scheduled appts., etc.

# of CE Assessments done weekly

Barriers to Access

Opportunities for the future

Scorer's Comments:

Assessment (10 pts.)

Score:

Points to consider when scoring:

Timeliness of CE Assessments

Hours spent on CE Assessments weekly

Barriers to Assessment

Opportunities for the future

Scorer's Comments:

Prioritization (10 pts.)

Score:

Points to consider when scoring:

Adequacy of prioritization model - VI-SPDAT score, tiebreakers

Barriers to Prioritization and Referral

Opportunities for the future

Scorer's Comments:

Referral (10 pts.)

Points to consider when scoring:

# of referrals made/accepted
Efforts to reduce avg. length of time
Efforts to decrease # of 1st time homeless through prevention/diversion
Barriers to Referral
Opportunities for the future

Score:

Scorer's Comments:

Efforts to Expand CE Participation (10 pts.)

Points to consider when scoring:

Efforts to increase CE participation - non-funded agencies, PHA's, landlords, etc.
Barriers to CE Expansion
Opportunities for the future

Score:

Scorer's Comments:

360 Agency Review (10 pts.)

Points to consider when scoring:

# of referrals made vs. # of successful placements
Responsiveness of staff
Overall experience

Score:

Scorer's Comments:

IA-500 SCEH CoC FY 2026 New Applicants Performance Charts

New PSH/RRH/TH Projects
Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)					
Agency Experience (10 pts.)					
Project Description/Detail (30 pts.)					
Supportive Service Criteria (10 pts.)					
Performance Measures (15 pts.)					
Budget (10 pts.)					

TOTAL COMBINED SCORE (75 pts.)	0	0	0	0	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00	0.00	0.00	0.00	0.00

New SSO- Standalone/SO
Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)					
Agency Experience (20 pts.)					
Project Description/Detail (30 pts.)					
Performance Measures (15 pts.)					
Budget (10 pts.)					

TOTAL COMBINED SCORE (75 pts.)	0	0	0	0	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00	0.00	0.00	0.00	0.00

New HMIS Projects
Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)	
Agency Experience (15 pts.)	
Project Detail/HMIS Standards (50 pts.)	
Training	
Increase HMIS Participation	
Data Standards	
Privacy and Security	
Reporting	
Budget (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00

New CE Projects
Project Scoring Summary

Performance/Scoring Measure (Max. Pts. Available)	
Agency Experience (15 pts.)	
Project Detail (50 pts.)	
Access	
Increase CE Participation	
Assessment	
Prioritization	
Referral	
Budget (10 pts.)	

TOTAL COMBINED SCORE (75 pts.)	0
TOTAL COMBINED SCORE - PERCENTAGE	0.00

IA-500 SCEH CoC FY 2026 New Applicants Performance Charts

Agency Experience/Qualifications

Note: Calculations based on FY26 Project Application

For all performance charts, please review all numbers in your application and email ccoly@sioux-city.org if corrections are needed.

New RRH/TH Projects Scoring:
3 or more Yes = 10 pts.
2 Yes = 5 pts.
1 or less Yes = 0 pts.

New Project Applicant	Experience with managing federal grants effectively	Experience leveraging funds from other govt. and private sources	Adequate organization, management, and accounting structure	At least 50% of participants exit to permanent housing within 24 months AND at least 50% of participants exit with employment income	Total "Yes" responses	Score
						0
						0

New HMIS or CE Projects Scoring:
3 or more Yes = 15 pts.
2 Yes = 10 pts.
1 or less Yes = 0 pts.

New Project Applicant	Experience with managing federal grants effectively	Experience leveraging funds from other govt. and private sources	Adequate organization, management, and accounting structure	Total "Yes" responses	Score
					0

					0

IA-500 SCEH CoC 2026 New Applicants Performance Charts

All New Project types

Project Detail/Description - Project Type, Housing Type, Target Population, etc.

Note: Calculations based on Section 3B Project Description, 1. Description of Proposed Project of FY26 New Project Application

For all performance charts, please review all numbers from your application and email ccoly@sioux-city.org if corrections are needed.

PSH Scoring:

7.5 pts. for each Yes answer up to 30 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

PSH Projects	Type of supportive services and assistance that will be offered to program participants that ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs	If the applicant is proposing to expand an existing PSH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services	populations served	Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs	Total "Yes" responses	Score	Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

*Project Applicant must leverage housing and/or healthcare and provide MOUs/Letters of Commitment to be included with CoC Application.

**Victim Service Providers must address how their project will improve the safety of the population they serve.

RRH Scoring:

7.5 pts. for each Yes answer up to 30 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

RRH Projects	The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months	The type of supportive services and assistance that will be offered to program participants that ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness	Populations served	Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs	Total "Yes" responses	Score	Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

TH Scoring:

6 pts. for each Yes answer up to 30 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

TH Projects	How the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)	Populations served	Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs	Description of how the proposed project will: •assess the service needs of program participants and •provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, with exceptions as explained on pg. 64 of the FY26 NOFO	Individualized services plans that outline the services to be provided, when and how often services will be provided, by whom all services will be provided, as well as program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency	Total "Yes" responses	Score	Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

SSO Standalone Scoring:

7.5 pts. for each Yes answer up to 30 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

SSO Standalone Projects	The project's plan to: •assist people in exiting homelessness, •address barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) •increase self-sufficiency and; •conduct an annual assessment of the service needs of the program participants.	Strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services	Populations served	Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs	Total "Yes" responses	Score	Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

SSO SO Scoring:

6 pts. for each Yes answer up to 30 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

SSO SO Projects	The project's plan for helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.	Strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.	populations served	Project supplementation with resources from other public or private sources, that may include mainstream health, social, and employment programs.	Total "Yes" responses	Score	Total 1BR Units	Total 2BR Units	Total Units larger than 2BR	Total beds for HH w/out children	Total beds for HH w/ children

HMIS Scoring:

10 pts. for each Yes answer up to 50 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

HMIS Project	HMIS	Increase HMIS participation	Training	Data Standards	Privacy and Security	Reporting	Total "Yes" responses	Score
								0
								0

CE Scoring:

10 pts. for each Yes answer up to 50 pts.
Does the Project Application/Description adequately/completely address the following? = Yes

CE Project	CE	Increase CE participation	Access	Assessment	Prioritization	Referral	Total "Yes" responses	Score
								0
								0

IA-500 SCEH CoC FY 2026 New Applicants Performance Charts

Transitional and Permanent Housing Projects

Supportive Service Participation Criteria.

Note: Calculations based on FY26 Project Application

PSH/RRH Scoring **Supportive Service Participation Criteria** Participation Required= 10 points Participation Encouraged= 5 points		
Project	**Does the project require participation in supportive services?**	**Score**

IA-500 SCEH CoC FY 2026 New Applicants Performance Charts
New Permanent Housing Projects
Performance Measures

Note: Calculations based on Section 3B. Project Description, 1. Description of Proposed Project of FY 2024 New Project Application
For all performance charts, please review all numbers from your application and email ccoly@sioux-city.org if corrections are needed.

Performance Measures Scoring:
Commitment and Plan for meeting performance measures

Yes to all = 5 pts.

2 Yes = 2.5 pts.

0 or 1 Yes = 0 pts.

Permanent Housing Project	Returns to Homelessness are less than 8%	PSH Project: 96% or more remain in PH-PSH project or exit to other PH destination; RRH/TH Project: 50% or more exit TH/RRH to PH	PSH: 15% or more; RRH/TH 50% or more gain or increase their income from employment	Score

Commented [SP3]: 8% or 80%?

Commented [CC4R3]: 8%, NOFO pg 73

IA-500 SCEH CoC FY 2026 New Applicants Performance Charts
All New Project Types
Financial Management, Cost Per Client, Program/Shelter Capacity

Note: Calculations based on FY 2026 New Project Application

For all performance charts, please review all numbers from your application and email claracoly@sioux-city.org if corrections are needed.

Budget Categories/Percentages - PH-PSH, PH-RRH Projects

Leasing/Rental Assistance - ≥75% = 2.5 pts.

Operations - ≤10% = 2.5 pts.

Supportive Services - ≤25% = 2.5 pts.

Admin - ≤7% = 2.5 pts.

Applicant/Project	Total Budget	Total Leasing/ Rental Assistance	% of Total Budget	Total Operations	% of Total Budget	Total Supportive Services	% of Total Budget	Admin	% of Total Budget	Score
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

Budget Categories/Percentages - TH Projects

Leasing/Rental Assistance/ Operations - ≥75% = 5 pts.

Supportive Services - ≤25% = 2.5 pts.

Admin - ≤7% = 2.5 pts.

Applicant/Project	Total Budget	Total Leasing/ Rental Assistance	% of Total Budget	Total Operations	% of Total Budget	Total Supportive Services	% of Total Budget	Admin	% of Total Budget	Score
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

Commented [CC5]: Does this work for TH too? Or is it possible it's mostly operational?

Commented [SP6R5]: Maybe Susan would know the answer to this. What have we said in the past?

Commented [CC7R5]: We didn't have new TH on the FY24 application because it wasn't an option, so I'm not sure what was listed before.

Commented [CC8]: Does this work for TH too? Or is it possible it's mostly operational?

Commented [SP9R8]: Maybe Susan would know the answer to this. What have we said in the past?

Commented [CC10R8]: I put operations in the rent cost since some projects will only have operations. But with the emphasis on supportive services, maybe we change this breakdown?

Budget Categories/Percentages – SSO-Standalone/ SSO-SO/ SSO- CE Projects

Supportive Services - ≥93% = 5 pts.

Admin - ≤7% = 5 pts.

Applicant/Project	Total Budget	Total Supportive Services	% of Total Budget	Admin	% of Total Budget			Score
			#DIV/0!		#DIV/0!			
			#DIV/0!		#DIV/0!			

Budget Categories/Percentages - HMIS Projects

HMIS - ≥93% = 5 pts.

Admin - ≤7% = 5 pts.

Applicant/Project	Total Budget	Total HMIS	% of Total Budget	Admin	% of Total Budget			Score
			#DIV/0!		#DIV/0!			
			#DIV/0!		#DIV/0!			

Commented [CC11]: Do we need to add any BLIs? Or is it just supportive services?

Commented [SP12R11]: I've not seen this budget before. Would it be similar to the SSO-CE one?

Commented [CC13R11]: I think so. Let's leave this as is for now.

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

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

Applicant Organization: City of Sioux City

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267 FY 2026 HUD CoC 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."

19193003600 - Iowa; 19193001500 - Iowa

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

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

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

Estimated Funding Allocations

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

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

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

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

Sioux City Street Outreach will provide supportive services to community members living unsheltered in downtown Sioux City. This outreach effort improves public safety for both downtown residents and businesses, as well as for the unhoused individuals themselves by connecting them to shelter and permanent housing. This also improves quality of life for all community members in this zone.

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

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

Certification of Authorized Representative for the Applicant:

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

(1) all information provided on this form is true, complete, and accurate, and

(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and

(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: | First Name: Michael | Middle Name:

Last Name: Collett | Suffix:

Title: City Manager

Organization: City of Sioux City

Signature: Michael Collett

Date: 9/30/2026