

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: VT-500 - Vermont Balance of State CoC

1A-2. Collaborative Applicant Name: Vermont Coalition to End Homelessness

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

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

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	2
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
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	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	2
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.			
47.			

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

(limit 2,500 characters)

VTBoS regularly invites new members to join the CoC by:

- a) Sending open invitations to BoS 1,650-person statewide listserv to join virtual monthly Board & 3x/year member meetings;
- b) Soliciting membership at public events, town meetings & statewide Homelessness Awareness Day events, such as walks, vigils, film screenings, & discussions in publicly available locations (parks & libraries);
- c) Quarterly targeted, proactive outreach to allied orgs to participate by attending meeting, participating in board membership, & presenting on intersections of their work, eg Vermont Interfaith Action; Hireability (Dept of Labor), Vermont Business for Social Responsibility, VT Depts of Health, Mental Health, & Substance User Disorder; local police depts elected officials; restorative justice centers; area agencies on aging, federally qualified healthcare providers & more.
- d) Invites to VTBoS meetings & events are extended through the VTBoS website, email, & direct invitations to allied organizations & networks, &
- e) VTBoS staff participate in mtngs of 11 Local Housing Coalitions (LHC). Each coalition meets 10-12x/year to respond to housing & homelessness issues in their communities. LHCs each elect a voting member to serve on BoS Board. LHC Chairs meet monthly for planning, evaluation, & promotion of best practices.

VTBoS invites participation by

- a) giving agenda time to present priorities & programming at open board/membership mtngs, &
- b) inviting orgs & reps to join Board & provide guidance for programming & initiatives. Invites have gone to disability-serving peer orgs (VT Center for Indep Living, Hireability, VT Dept of Disabilities Aging & Indep Living), DV/SV (VT Network, Circle VT, PAVE, Umbrella), Veterans (VA, SSVF at UVM, Veterans Inc.), Youth (Elevate Youth Services, Interaction: Youth Services & Restorative Justice), Recovery centers (13 Turning Point centers). VT 211, faith-based orgs (Vermont Interfaith Action), health (Dept of Health, VT Chronic Care Initiative), Mental Health (CCHBCs, Dept. of Mental Health, Vermont Association for Mental Health and Addiction Recovery), correction & policing (Dept of Corrections, VT State Police, local police depts), and other non-traditional partners (VT Business for Social Responsibility)

VTBoS mtngs mostly virtual w/ phone/video options; in-person meetings have virtual options.

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

(limit 2,500 characters)

VTBoS seeks opinions from a broad array of individual organizations and partners for input on CoC performance, strategies, & priority setting via:

VTBoS CoC listserv & website; Public VT BoS CoC Mnthly Board Meetings & 3x/year Membership Meetings; VTBoS's 8 CoC committees; Attending local mtngs to solicit opinions from school systems, cmtly justice centers, local residents, PLE, city govt, planning commissions; law enforcement; faith institutions/churches; regional planning commissions; private & public housers; and public surveys & focus groups on VTBoS priorities.

VTBoS CoC conducts targeted outreach to traditional & non-traditional partners to join as board members & attend meetings (business community, law enforcement, hospitals, faith-based orgs, persons w/ lived experience, developers, funders, shelters, orgs serving youth, FQHPs, mental health centers, substance use recovery orgs, faith community leaders, SSVF, disability service orgs, Area Agencies on Aging, DV/SV service orgs, Turning Point recovery centers, police departments, and elected officials. At public local & statewide Hmlsns Awareness Day events, VTBoS conveys current state of hmlsns in VT thru walks, "honk and waves", posters w/ QR codes to org webpages, + quotes, testimonials, video clips, data, demographics, waitlists, barriers, and Call to Action for cmtly members. VTBoS does VT public radio interviews; columns in local papers; & open forums for "heart-to-heart chat" cmtly convos on homelessness.

Examples of completed engagement strategies:

VTBoS increased efforts to find new applicants based on public input. VTBoS invited Vermont Interfaith Action to attend VTBoS Board meetings & present on their statewide network. VTBoS updated CoC policies (HMIS, CE, Vets, Project Ranking, CoC Strategic Planning); increased health services & transportation access for unhoused.

Things we communicated:

In open Board mtngs, VTBoS communicates re: info on NOFO Appl process, P&P updates, member org programs, State updates, homelessness awareness day planning & resources, & training on media, planning for PIT Count, & best practices. In CoC hosted open forums, VTBoS communicates re: in HMIS data, Collab Appl updates, VT program changes; DMH systems; VT Dept Health; prtnerships with VT Interfaith Action network; & more.

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

(limit 2,500 characters)

VTBoS staff & partners notified previously unfunded orgs of the funding opportunity thru multiple avenues: 1) 6/11/26 posted on CoC website & in New Project RFP: "All eligible entities, including those that do not currently receive CoC Program funds, are encouraged to submit proposals for any of the VTBoS FFY24 CoC Program funds." 2) Publicly advertised (via website, listserv, and targeted outreach to new orgs) info sessions on 5/27/26, 6/18/26, & 6/12/26 drew orgs new to CoC. 3) VTBoS included new project RFP link in all public notices re: CoC requests for new projects.

VTBoS website, RFP, & public info sessions provided clear, publicly available instructions on how to complete a new project application & to submit electronically before 4:00 PM EST 7.17.26 to the VTBoS Collaborative Applicant. CA-funded consulting provided TA for new providers.

The VTBoS Board approved a Project Scoring tool that included threshold review & scoring criteria for new and renewal projects. VTBoS appointed a five-person Project Scoring & Ranking Committee that independently reviewed all new applications and also met as a group to resolve via consensus votes on all scoring differences. Applications had to pass threshold criteria to be considered, including eligible budgets, participating in CE/HMIS, eligible applicant status, service participation requirement, written agreement with education supports & services if serving family/youth, & regular evidence of drawdowns and others. Written RFP public notices stated "CoC Project Scoring & Ranking Committee will use the approved CoC Policy & Scoring Tools, HUD & CoC priorities, as well as CoC Program NOFO thresholds & guidance, to determine funding & project ranking submissions to HUD." The RFP also included scoring criteria & points for full transparency. VTBoS's project ranking policy is public, on CoC website. RFP, listserv, and targeted emails all provided links to key documents on the VTBoS website about how scoring and ranking decisions would be made.

VTBoS made RFP available in Word format & as a readable pdf. It was posted on CoC website, sent out by listserv, and announced at public Board mtngs for months prior to submission dates. The three public info sessions included verbal & written guidance on slides. These sessions were recorded & posted on website w/ slides & an FAQ based on questions asked during info sessions. TTY & language translation services were available upon request; CoC staff responded to questions

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

(limit 2,500 characters)

VTBoS completed gap analysis spring 2026 & ID'd employment & economic self-sufficiency as gaps thru HMIS, APR & SPM data, & a system model w/ Stella. In FFY25, only 4.39% of STAYERS in ES, TH, RRH & PSH projects increased earned income. Feedback from providers ID'd gaps in trauma-informed workforce services, benefits counseling, pop-specific expertise, & intnsv employment support for ppl w/ disabilities. VTBoS will implement a comprehensive employment strategy consistent w/ interventions in 42 U.S.C. 11386b(d) in RRH, TH, PSH & SSO projs. Strategies incl employment-focused PSH & outreach case mngmt thru VT Dept of Labor (VDOL); structured employment planning in RRH & TH projects; linkages to VDOL Workforce Innovation & Opportunity Act (WIOA) services; prioritizing new TH projects w/ strong workforce partnerships; & formal partnership w/ HireAbility, of VT's Dept of Disabilities, Aging, & Indep Living (DAIL) services. Services will be tailored to relevant subpops, including ppl w/ SMI or SUD, youth, vets, older adults, families w/ children, & ppl w/ disabilities, w/ indiv assessment, benefits counseling, training/credentialing, transport/childcare supports, employer engagement & job coaching.

Performance will be measured annually thru HMIS, incl changes from FFY25 earned-income baselines; employment obtained during enrollment; avg earned income; HireAbility referrals/engagement; participation in education, training, credentialing & apprenticeships; permanent unsubsidized housing exits; & returns to homelessness. 2026: VTBoS will prioritize employment-focused TH apps, update program standards, & convene VDOL, HireAbility, workforce boards/providers to set measurable targets. 2027: VTBoS will launch/fully implement new voc rehab employment-focused service models, establish HireAbility referral pathways, cross-train staff, & begin performance monitoring. 2028 & beyond: outcomes will be evaluated semi-annually & successful practices expanded. Funding will include HUD CoC Planning, TH, & PSH funds; VT Office of Econ Opportunity (OEO) PSH asst; VDOL workforce investment resources; adult education, community college, apprenticeship & vocational training resources; Medicaid; & other state, local & philanthropic funds. Program Dir at Housing & Homeless Alliance of VT (HHAV) will oversee implementation/monitoring of all strategies; VTBoS Board will provide strategic oversight. HMIS Lead will oversee performance reporting. HHAV will monitor project compliance.

1B-5a Confirmation of Plan Coverage.

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

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

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

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

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- Frequently Asked Questions

	1C-1. Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	55%

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)

Vermont has 12 peer-run community-based recovery centers, operated by local nonprofit organizations coordinated through the Vermont Recovery Network and certified via the Vermont Department of Health. VDH Division of Substance Use Programs (DSU), funds and coordinates a comprehensive network of recovery services across the state. These services include peer recovery support, recovery residences, job transportation, certified recovery coaching, training, and family-centered programs. VT's 12 recovery centers recorded 98,734 participant visits between July 2024 – June 2025 & 99.6% of people receiving recovery coaching had a documented recovery plan.

These centers are welcoming hubs for people seeking treatment. Services include: Substance-free recreational activities, volunteer opportunities and community education, substance use disorder treatment, housing, employment and other social supports. Recovery centers foster connection, empowerment and resilience—helping people rebuild their lives in a safe and supportive environment. They also assist people experiencing recurrence to re-engage with recovery services. Recovery Service Organization (RSO) Certification is a process centers have been working toward to demonstrate how they have upheld the requirements outlined in the Certified Recovery Services Organizations: Substance Use Disorder Recovery Standards. Two centers achieved this certification at the end of 2025.

Peer recovery services are also a cornerstone of Vermont's recovery support system. These services include: • Peer-led support from Certified Peer Recovery Support Specialists, recovery support experts with certificates from the Office of Professional Regulation (OPR). • Support groups and one-on-one peer meetings promote shared experiences and mutual encouragement. • Identity-specific community groups, 12-step programs and activities such as yoga, meditation and acupuncture. By sharing lived experience, peers provide hope and practical tools to navigate recovery. Learn more about Peer Recovery Support Specialist (PRSS) Certification.

Blueprint for Health in VT oversees the hub and spoke system, Vermont's approach to treating opioid use disorder (OUD) through counseling, in-patient, and out-patient treatment.

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)

Pathways Vermont as a Specialized Agency (SA) and VT BoS partner to provide individuals experiencing homelessness with access to a broad continuum of behavioral health services, including outpatient mental health and behavioral health treatment. Through the CoC's coordinated entry assessment, individuals are referred to outpatient treatment for mental health and substance treatment. Pathways Vermont works with CoC providers to provide psychiatric care, nursing, substance use counseling, employment assistance, and other recovery-oriented services.

VT's FQHCs, Rural Health Clinics, and VT's Free and Referral Clinics are highly utilized by homeless populations with both mental health and substance use disorders.

At every entry point into the system of care, agency staff and providers screen for needs so that people can be connected to support. The goal is to be more proactive in care, help people reach their goals, and ensure Vermonters feel trust in the community. The VTBC individual practices include assessing biopsychosocial needs, helping identify goals, connecting to services and benefits, and supporting an individual's desire to reach their goals. VTBC also includes collaborative practices among providers (lead care coordinator, shared care plan, case conferencing) to ensure that they are working as a team to achieve shared goals defined by the individual.

Vermont's Prevention Lead Organizations (VPLOs) were established in 2023 by the Vermont Department of Health (VDH), Division of Substance Use Programs (DSU) Vermont Prevention Lead Organizations (VPLO) to deliver substance use prevention programming. VPLOs were established in July 2023 to ensure coordinated prevention work statewide.

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)

VTBoS partners with a number of projects that provide access to peer recovery specialists and other forms of peer support and recovery navigation. Beyond Bars is a peer-informed initiative at Vermont Association for Mental Health and Addiction Recovery (VAMHAR) that uplifts and strengthens reentry support systems across Vermont.

VAMHAR works alongside providers to support individuals transitioning from the carceral system back into communities, addressing key areas such as stable housing, employment, mental health, and recovery from addiction. Beyond Bars collaborates with peer mentors who have themselves navigated the challenges of reentry and recovery. Their insights help inform best practices statewide.

VT DMH operates a Peer Workforce Development Initiative to maintain an infrastructure for a statewide mental health peer workforce. In 2025, it developed a Peer Certification and training program, contracting with Pathways VT and VT Peer Credentialing Center.

Pathways Vermont has a peer run mental health respite program The Pathways Vermont Peer Respite, Rosewood Cottage, is a free, voluntary, short-term, overnight program that provides community-based emotional support and crisis relief in a home-like environment. Pathways Vermont's Peer Support Center is staffed by individuals who identify as having lived experience with issues such as mental health crises, trauma, substance use, and homelessness. Staff are trained to provide Peer Support, a service delivery distinct from traditional mental health services. The peer support approach encourages individuals to draw from their own lived experience when connecting with and supporting others. This unique approach to relationships with service recipients has been proven effective in engaging individuals who might otherwise avoid mental health services and in promoting hope, resiliency, and well-being.

Vermont has 12 peer-run recovery centers coordinated through the Vermont Recovery Network and certified via the Vermont Department of Health. Peer recovery coaching (1:1 and group), including AA/NA. Subset of orgs offer parents in recovery peer coaching.

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 VTBoS CoC relies on partnerships between homeless-service providers and community behavioral-health organizations to provide a continuum of mental health and substance use services. In southeastern Vermont, Groundworks Collaborative, a CoC lead agency & VTBoS SSO-SO program recipient, and Collaborative's Healthworks program embeds healthcare, mental health, and substance-use recovery clinicians within homeless-service settings. Services include psychotherapy, substance-use recovery supports, medication management, health screenings, care coordination, and connections to primary care. Groundworks hosts a Licensed Mental Health Clinician from the Brattleboro Retreat for 40 hours each week – offering early recovery and clinical counseling support to Groundworks clients and residents of our shelters. The Vulnerable Population Care Coordinator is a Registered Nurse from Brattleboro Memorial Hospital (BMH) who is available on-site at Groundworks for 24 hours each week. A member of BMH's Community Health Team, the VPCC helps clients to connect with a Primary Care Physician, makes referrals to dental, mental health, and other specialists, and may accompany clients to medical appointments as an advocate. Groundworks also hosts a Case Manager from HCRS (Health Care and Rehabilitation Services), who is on site at Groundworks for 16 hours each week providing outreach and engagement to those struggling with substance use. Groundworks operates the Healthworks ACT team (a collaboration of multiple agencies in a single LLC including Brattleboro Memorial Hospital; Brattleboro Retreat, regional specialty mental health treatment center that was founded in 1834; Groundworks; and Health Care and Rehabilitation Services HCRS - designated mental health agency) which provides a higher level of multidisciplinary behavioral-health support, delivering intensive services in outpatient and street-level settings for individuals with complex needs. This model allows individuals experiencing homelessness to receive behavioral-health treatment and recovery support in the environments where they screen the clients, they interact with for SMI benefits and then work with them to develop a service plan.

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)

VTBoS partners w/ Community/Restorative Justice Centers across VT. Each community a community/restorative justice center that works in conjunction w/ VT Dept. of Corrections. Each center hosts the Tamarack Program, which is a form of Court Diversion designed to assist adults w/ SUD & mental health treatment needs. County prosecutors decide who to refer to Tamarack. Tamarack, funded through AG sit in each courtroom & receive referrals from lawyers/judges, a diversion process, SUD/mental health.

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)

Using one region as an example, Champlain Valley Office of Economic Opportunity Franklin/Grand Isle Community Action works closely with the lead for their local Restorative Justice Center transitional housing program. This transitional housing program takes referrals for people from the region's Coordinated Entry list and does case management for folks who answer yes to having a history of involvement with the Department of Corrections. Additionally, Outpatient Case Managers at CCHBCs and other community mental health agencies in Vermont's preferred provider network are expected to make connections to homeless services for Treatment Court participants. VT Helplink's Preferred Provider Network is a group of trusted treatment and recovery providers from all over Vermont. These providers work together to make sure everyone in the state can get the care they need – no matter their income, insurance status, or where they live. Each provider is specially licensed by the Vermont Department of Substance Use Programs (DSU). Whether someone needs outpatient counseling, recovery coaching, or residential treatment, working with a Preferred Provider means they're more likely to get timely, high-quality care without worrying about how to pay for it. These providers also meet high standards set by DSU, including quality clinical care, cultural responsiveness, trauma-informed practices, and quick access to services. By maintaining this database of Preferred Providers across Vermont, VT Helplink works to make substance use care equitable, consistent, and available to all by ensuring every Vermonter – no matter their background or situation – has a clear way to get the care they need. In F/GI County, the case managers at Northwestern Counseling & Support Services, the regional mental health, family support, & developmental services for children, adults, & families, make connections to homelessness services from Treatment Court participants. VDH provide funds to preferred providers and courts. The Vermont Judiciary operates treatment court dockets and specialty dockets throughout the state. These dockets offer individuals with substance use disorders and mental health conditions the opportunity to enter treatment and avoid certain consequences, such as incarceration or termination of parental rights. The goals of these dockets include keeping communities safe, supporting treatment for participants, and ending defendants' criminal or harmful conduct.

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)

VTBOS & Dept of Mental Health run an integrated Crisis Services Continuum. 2 local 988 centers provide 24/7 immediate triage, routing acute cases to Mobile Crisis Teams (clinicians & peers) who deploy to homes/schools/communities to de-escalate, provide short-term support, & connect people w/ ongoing care. Lived-exp specialists provide peer support during/after crises. Short-term programs offer stabilization/safe hospital alts. Crisis stabil via MH Urgent Care (Alt to ED), CCBHCs/DAs across VT.

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 VTBoS formally partners w/ state's PATH program, administered by the Dept of Mental Health. PATH funds 5 housing & social service agencies; 3 serve as Lead Agencies, connecting behavioral health outreach to CE. Through a Local CE Partnership model, PATH staff conduct community outreach for individuals with serious mental illness or co-occurring disorders. This creates multiple access points, helping individuals disconnected from traditional services link directly to CE, housing, & care.

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

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

(limit 500 characters)

The proposed VSHA CoC-TH Transitional Housing project includes new CoC units dedicated to sober housing CoC-Sober Housing:
12 units/rooms in Franklin County/CVOEO
22 units/rooms in Rutland County/RMHS

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)

Warm-hands offs between community partners, such as Designated Agencies/CCHBS and Community Restorative Justice Centers, and housing providers are facilitated in a number of ways:
Mental health agencies employ embedded Housing Support Coordinators at their agencies to assist in the housing navigation process and coordinate the movement of a client into temporary or permanent housing.
For example, at Rutland Mental Health Services, The Developmental Services Housing Coordinator develops and coordinates housing opportunities for individuals receiving Developmental Services. The position serves as a primary resource for housing referrals, housing searches, landlord relationships, Shared Living Provider development, and residential placement coordination. The Housing Coordinator works with local housing agencies, landlords, property managers, and community partners to identify and develop housing opportunities.
All behavioral health partners are trained in CE Partnership processes, including those related to access, assessment and referral to homeless programs and services, well-known to all clients; make appropriate staff available for the training on protocols and procedures to follow for CE.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$7,393,119
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.	\$3,568,427
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	48%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$1,152,247

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).	64%
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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%
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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)

VTBoS consults with State of VT to recommend how ESG funds and state Homeless Opportunity Program (HOP) funds are designated for different project types based on VTBoS gaps for specific populations and needs. VTBoS provides its PIT and HIC data to the State of VT each year. VTBoS and ESG recipients participate in forming and updating the Consolidated Plan for the State of VT. State of VT as ESG recipients sets performance standards for all ESG and HOP projects. VTBoS intentionally utilizes similar performance standards to ESG/HOP to ensure more consistent and comparable data across CoC, ESG, and state programs.

VTBoS meets quarterly with ESG recipients to assess and coordinate system funding need, update consistent written standards and monitoring practices, and discuss monitoring findings.

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)

VT BoS coordinates with shelter providers to connect individuals with CoC assistance through the Coordinated Entry system. Shelters that are funded through VT State's Housing Opportunity Program, HOP, which is funded in large part by the CoC's Coordinated Entry project, are required to connect program participants with Coordinated Entry. HOP funded shelters also must be part of their local CoC's written protocol for coordination between emergency shelters, Economic Services (ESD), and 2-1-1, which ensures that clients are getting access to wraparound services.

Referrals are frequently made between the above resources – emergency shelters, Economic Services, and 211. Economic Services is a VT state agency that manages the General Assistance hotel/motel emergency housing program, which under current rules houses up to 700 families. Households are required to be enrolled in Coordinated Entry, folding in collaboration across programs. Vermont 2-1-1 is an information sharing resource both online and over the phone where people can access information regarding housing, shelter, food resources, disaster support, and more.

VTBoS also facilitates coordination between shelter providers, the CE system, and state agencies by hosting the Coordinated Entry Committee and Coordinated Entry Lead Agency work group, which grant opportunities to share resources and address system gaps. The monthly CoC board meetings is also a place where all of these people come together, resources are shared and collaboration across sectors is encouraged.

Emergency shelter providers have HMIS licensed staff trained in CE intake. Providers are required to take yearly trainings on the HMIS platform and VTBoS collaborates with CE LA to provide trainings virtually & in-person to LAs and other shelter provider partner to ensure a quick process and statewide standardization.

During the winter months, VT increases capacity with an Emergency Cold Weather Shelter Program run by Get Warm Now VT, a partnership of Vermont Interfaith Action and Green Mountain Justice, Administered with the Office of Economic Opportunity with funding from the Vermont Agency of Human Services. GWN provides grants and hands-on support for the Vermont organizations and towns opening emergency shelter during winter months. GWN funds community organizations, faith groups, and regional providers to open emergency overnight shelters.

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)

Sharing data with state and local partners is a key component to informing and improving Vermont's homelessness response system. There are several ways in which the Vermont BoS CoC does this. First, we publish current and recent PIT reports on our website along with promoting access to PIT, HIC, CE and HMIS data through our partners at the Institute for Community Alliances (ICA) VT's website. We also share and review data at both the BoS CoC board and membership meetings. As part of our updates and education to the Vermont legislature, we share most recent data including PIT, HIC, CE as well as our housing needs assessment (done every five years as part of our Consolidated Plan). Through BoS CoC-supported local housing coalitions (LHCs), we inform and support the use of data to connect people with shelter, housing, services and concrete supports. For example, a number of our LHCs have housing development subcommittees that look at the number of people experiencing homelessness in their region and align housing development goals with those exiting homelessness. Another example is connecting the LHC efforts with other collaborations, including the Situation Tables, that create agreements to share client data to assist with housing, shelter and service connections.

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)

Situation Tables, VTBoS's interdisciplinary teams of outreach and law enforcement staff, are operating in 7 municipalities across VTBoS. Launched 2 years ago through the governor's Public Safety Enhancement Team (PSET) initiative. Weekly meetings; consistently draws 30–50 attendees from various community organizations. The primary value: collaboration and relationship-building across orgs, not just case management. Before the Situation Table, there were 8–9 outreach groups in Brattleboro that were largely siloed, sometimes, for example, serving the same individual with 3 different caseworkers. Result: reduced duplication of services, stronger follow-through, and lower inter-organizational animosity

Situation tables use data dashboards, specifically Cordata's software and Four-Filter model to screen and document cases of unsheltered homeless hot spots. Situation table data systems ensure that communities adopting multiple solutions benefit from consistent infrastructure for Secure collaboration across organizations.

For example, there are biweekly data presentations at Situation Tables in Brattleboro. The police department shares their data with the whole community. Developed in collaboration with Groundworks and Healthcare & Rehab Services, who helped identify what data would be most useful. Data is current (last 14 days), not historical, making it actionable. Data Includes: deaths, OD responses (who overdosed and who was present), jail inflow/outflow. For example: a caseworker may not know an OD victim but recognize a bystander on their caseload and proactively check in. Presentation is in-person only, no photos allowed to prevent discovery in court proceedings. Both the state's attorney's office and public defender's office attend and have agreed not to request slides for discovery. Public-facing versions (e.g., for the select board) have personal identifiers removed

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)

VTBOS partners with HireAbility VT, the state vocational rehabilitation program, which aims to assist all indiv with access to higher wage employment thru education & training funding, career assessment, & individual supports for training or finding & maintaining that job. HireAbility serves over 4000 Vermonters with disabilities/year. 12 district offices with over 60 vocational counselors serve all populations, including unhoused & unstably housed individuals. Working with the VT DOL's One-Stop Career Center, CTECs, & state universities, they provide career assessments, paid work experiences, and tuition funding for all clients, including unhoused indiv w/ disabilities. They do statewide outreach at shelters, resulting in a 39% statewide employment rate for participants & a focus on higher-wage goals. They currently have a goal of assisting at least 35% of clients in obtaining at least 150% of VT minimum wage. They also serve unhoused individuals with SUD who are working through criminal justice system and have other serious barriers to employment.

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)

VTBoS Street Outreach (SO) projects deeply integrate with first responders, emergency medical services (EMS), and law enforcement (LE) via a unique, risk-based model that unites front-line human service and justice entities weekly to identify households facing acute, multi-dimensional crises—effectively lowering immediate risk to pave a safer path toward continuous partner support, and quickly identifying which agencies might need to be involved in a supportive intervention during a crisis point in an individual's life.

Funded by VT Gov's Public Safety Enhancement Team (PSET) initiative and managed by Cordata, the model runs across 10 regional communities. It The Situation Table facilitates real-time crisis resolution and removes service friction.

The early pilot in Bennington successfully proved how a coordinated consensus approach swiftly mitigates interwoven barriers like mental health crises, unsheltered homelessness, substance use disorder (SUD), and domestic violence (DV). When the weekly panel notes heightened risk, they rapidly deploy a custom multi-agency team to wrap resources around specific vulnerabilities to improve service delivery, reduce barriers, and connect individuals to the services they need in a speedy manner, with several agencies working together to chart the best path forward.

This broad multi-sector alignment ensures that when LE or EMS encounter an individual in a crisis point, the Situation Table acts as a fast, meaningful referral bridge directly into CoC housing and supportive stabilization.

Crucial to this co-response framework is a comprehensive swath of PSET state and community partners. State participants include VDH, DCF, DMH, DAIL, DVHA, DOC, AOE, ANR, DLL, ORE, and AOA. Community-level stakeholders encompass Local Prevention Coalitions, Vermont AfterSchool, CCHBCs/CMHAs, Preferred Substance Use Providers, Prevention Works VT!, Mentor Vermont, the Vermont Legislature, hospitals, and VAMHAR.

Regional coordination and system oversight flow through key advisory panels, including the Substance Misuse Prevention Council, Health Equity Advisory Commission, Opioid Settlement Advisory Committee, Veteran and Family Suicide, Vermont Interagency Afterschool Task Force, and the Violence Prevention Task Force.

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)

VTBoS assists with family or support-network reunification efforts in a number of ways. VT State Homeless Opportunity Program (HOP)-funded Flexible Client-Based Financial Assistance is provided by a network of 16 providers, designed to support client-centered problem solving and individual housing stability planning. It may also be used to divert or rapidly exit a household from emergency shelter. Financial Assistance includes transportation costs to live with family or friends. HOP Grantee's individual performance measures are structured around the number of households assisted and the percentage of households who exited to safe housing

CAP agencies and shelters also have diversion funds from private funding that they utilize to cover additional transportation costs. For example, The Upper Valley Haven utilized funds to assist clients in returning to their home state from which they had recently arrived in Vermont.

VT Agency of Human Services Field Service Directors have access to discretionary or flexible funds that can be utilized to resolve immediate, critical needs for individuals and families in their districts, such as travel costs (bus tickets etc). AHS administers some programs and services to Vermonters locally, based out of twelve districts. Field Services Directors also work across internal programs to ensure that individuals and families have access to the range of services for which they are eligible & collaborate with community organizations in each district to ensure that efforts to improve health and well-being are coordinated and aligned, leveraging and supporting local planning and action.

Under the Family Supportive Housing (FSH) program, intensive case management is provided to households with children who have open Child Family Services (CFS) cases or whose children have been temporarily removed from the household. FSH case managers work directly with the Department for Children and Families (DCF) to design individualized housing and safety plans that fulfill state family court reunification timelines

Case managers leverage the Reach Up Program through VT Economic Services Division (ESD) to identify families fleeing domestic violence, experiencing homelessness, or at risk of homelessness. These families are fast-tracked into specialized subsidies to build a secure, independent household capable of supporting children returning from care

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)

Building off ongoing efforts by the state and local partners, the Governor's 10-pt Plan to address unsheltered homelessness ensures the Vermont State Police (VSP) can support the needs of communities and local police departments, while taking steps to enhance the response in regional hot spots. This includes efforts to augment staffing with law enforcement personnel from other agencies, and with temporary hiring of retired officers.

The AG's Office has also agreed to expand the State's capacity for prosecuting major crimes, including all levels of violence associated with drug and human trafficking, and the Judiciary has prioritized eliminating its case backlog to ensure these prosecutions can move forward in a timely manner.

The Governor has also directed the commissioner of Public Safety to expand the role of the Vermont Intelligence Center, directed his agency and department executives to establish a more nimble interagency collaboration modeled after Vermont's nation-leading COVID-19 response, and will reestablish a Violence Prevention Task Force to focus on preventing violence in communities and schools.

A key part of Gov's plan includes regional Situation Tables model, which is a strategy that facilitates multi-agency engagements for individuals and/or families that are at Acutely Elevated Risk (AER). The goal of the community collaborative Tables is to break down organizational barriers and work collectively to provide wrap-around services to those most in need, based on risk categories and risk factors.

This has proved successful in 10 communities across VTBoS. Situation Tables comprise representatives from public safety agencies, public health agencies, service providers, peers with lived experience and other community partners. Through the model, an individual or family at AER is referred to the Situation Table by a public safety, public health, healthcare, community-based organization or other partner to work collaboratively to initiate outreach and engagement before a crisis occurs. The Table participants collaborate and discuss the identified risk factors and potential wrap-around services that can be provided across multiple sectors at the Table. When a consensus is reached, the Table will identify a specific team of agencies to help engage the individual or family and connect them to services, provide them with support, and show them that they care.

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

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

(limit 2,500 characters)

CoC providers across the VTBoS work with law enforcement to provide safety in the community for all residents. Providers work with LE when clearing encampments, connecting individuals with the appropriate service. For example, the Town of Brattleboro has an encampment policy that prioritizes public safety and health of their whole community and establishes a hierarchy of importance when assessing risks and clearing encampments. Camping on town property is prohibited. It establishes different encampment areas into zones, higher risk zones being ones that pose multiple health and safety risks to the community, i.e. signs of sewage, evidence of alcohol or illicit drugs, etc. This is the order in which encampments will be triaged, in order of health and safety risk, and the town will also prioritize connecting those displaced with social services. The Town of Brattleboro is committed to providing as safe a public environment as possible for the entire community and acknowledges such encampments often pose significant public safety and health concerns for the occupants and the community as a whole, as they create challenges related to human waste, garbage, communicable diseases, violence, and other health and safety concerns.

Encampment evaluation and cleanup efforts in Brattleboro are led by Asst. Fire Chief Chuck Keir and teams from Brattleboro's Department of Public Works, with leadership from Darren Pacheco. Chief Jeremy Evans and team at the Police Department lead the Situation Table effort in Brattleboro. Brattleboro has an Encampment/Shelter Inspection Checklist. This checklist is intended as an aid to identify lower priority encampment or shelter areas on property owned by the Town of Brattleboro or to notify private property owners of encampment or shelter activity. All checklists must be returned to the Brattleboro Fire Department and recorded with the Brattleboro Town.

As part of this FY26 CoC Program Grant application, Groundworks' Outreach program is applying for both a renewal of the existing grant, as well as an expansion that includes support for the Community Resource Specialist position within Brattleboro Police Department. This grant represents the core of VTBoS plan to address unsheltered homelessness engagement and resolution.

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)

Each region & town in the VTBoS track encampments differently. Over the past year, we've worked with our local housing coalitions to gather statewide data on unsheltered encampments and manage a process of tracking and resolution statewide. We will provide three examples.

In the Town of Bennington, outreach teams have observed significant fluctuations in the number and location of encampments and unsheltered individuals, but with recent cooperative efforts by Bennington County Coalition for the Homeless, Bennington Housing Solutions, and the Bennington PD, have resolved three visible encampments.

In Brattleboro, the Town, local LE, and Groundworks Collaborative staff work together to track local encampments and assess the current process. The Town holds public meetings to gather community feedback on encampment clearing. The Town of Brattleboro uses a "Zone" designation to begin triaging the clean-up of encampments. Those in Zone 1 will be addressed first, then Zone 2, and so forth. Higher Zones will be triaged accordingly as resources allow. A recent encampment behind Brooks Memorial Library that had hypodermic needles and other waste was immediately removed last week due to the safety dangers and proximity to children. Additionally, if a site is on town property, an ordinance outlines and defines how to handle the matter; however, if an encampment is on private property, the town works with the owner.

The city of Montpelier takes similar action to Brattleboro and tracks encampments in detail. Outlined in their Encampment Policy Response, the City targets high-sensitivity areas.

Nothing in these policies or practices is intended to permit or affirmatively allow individuals to camp or locate a campsite on public property owned by, controlled by, or within the boundaries of land intended for public use.

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)

VTBoS is working with Local Housing Coalitions to improve public safety & decrease public use of illicit drugs & connect individuals w/ appropriate services & law enforcement. VT has 12 peer-run community-based recovery centers, operated by local nonprofit organizations coordinated thru the VT Recovery Network & certified via VDH. VDH Div of Substance Use Programs (DSU), funds & coordinates a comprehensive network of recovery services. The Hubs receive funds to do direct outreach to homeless persons & receive referrals from local partners.

VT actively channels outreach & engagement funding to its SUD Hubs primarily thru 2 financial mechanisms managed by DSU.

VT's Opioid Abatement Special Fund allocates millions of dollars annually toward Outreach & Engagement & case management workers. These funds ensure that the regional intensive treatment Hubs can deploy outreach staff directly into communities to connect indiv experiencing complex Opioid Use Disorder (OUD) w/ critical care. Funding goes toward community-facing projects & medical-legal partnerships embedded directly w/in opioid hubs. VT utilizes its annual \$6 million federal SOR grant allocation to enhance access to Hub & Spoke system. SOR directly funds VT Helplink, the primary statewide outreach, intake, and referral router to quickly guide patients to Hub & Spoke assessments. Supports specialized prevention/intervention services & law enforcement education outreach programs tailored specifically to bridge gaps to Hub treatments.

DSU provides prevention funding to 4 regions across the state thru partnership w/ Lead Prevention Organizations (LPOs), which distribute secondary outreach & prevention subgrants locally.

Office of the Attorney General (AGO) facilitates effective allocation of prosecutorial resources as needed. AGO, in collab w/ Office of States Attorneys & Sheriffs, assigns prosecutors to focus on & facilitate prosecution of major crimes statewide, including all levels of violence assoc e/ drug & human trafficking.

VTBoS supports local coalitions in working w/ their local LE & SUD treatment providers thru their Local Housing Coalitions & Situation Tables.

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)

VT Dept of Health maintains an online publically available Monthly Overdose Dashboard. This dashboard is updated on the Wednesday following the second Monday of each month.

Notable findings for the current year beginning Jan 2026: As of the end of June, the number of accidental and undetermined overdose deaths is lower than the previous three-year average (2023-2025 June), emergency department visit rates for overdoses are lower than the previous three-year average (2023-2025 June), and Windham and Caledonia Counties have a statistically higher rate of emergency department visits for overdoses compared to the rest of Vermont. The Dashboard tracks fatal overdoses, overdose ED visits, and other data notes.

As of the end of June 2026, there have been 68 all drug accidental or undetermined deaths among VT residents. The number of deaths is lower than the 3-year average through June, which is 111.

Orleans County currently has the highest rate of all drug deaths (18.0 per 100,000 residents); this rate is statistically similar to VT overall (10.5 per 100,000).

As of the end of June, emergency dept visits rates for drug overdoses are lower than the past three year average at 54.1 down from 61.8 per 100,000 residents. Windham County currently has the high rate of overdose visits at 85.5 per 100,000, which is significantly higher than the current overall at 55.9 per 100,000. Both male and female visits have decreased as well as all age ranges, with 30-39 representing the highest number but still with a decrease from 111 to 84.9).

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)

VTBOS utilizes a framework of Designated Community Mental Health Centers (CMHCs) and Certified Community Behavioral Health Clinics (CCBHCs) as assessment entities when an unhoused individual poses a danger to themselves or others, integrating clinical care into public safety networks. Under Vermont's Involuntary Commitment laws (18 V.S.A. § 7101(9)), the definition of an "interested party" includes mental health professionals, physicians, law enforcement, and caretakers. This allows providers to work with law enforcement to initiate emergency examinations (EE) during acute crises, stabilizing individuals before they enter the justice system. The "Danger to Self" threshold under 18 V.S.A. § 7101(17)(B)(ii) directly addresses the severe vulnerabilities of unsheltered homelessness. It covers individuals unable to meet basic needs for nourishment, shelter, medical care, or safety due to mental deterioration, where substantial injury or death is probable. This allows the CoC to coordinate emergency clinical care based on functional deterioration, rather than waiting for violence. For unhoused youth, 18 V.S.A. § 7503 permits minors aged 14+ to apply for voluntary hospital admission, lowering barriers to clinical stabilization. To leverage these beneficial frameworks, VTBoS executes a treatment-focused strategy. VTBoS partners with CMHCs/CCBHCs to embed Qualified Mental Health Professionals (QMHPs) within street outreach teams. This ensures § 7101(9) authority is backed by immediate clinical evaluation, directly assisting first responders by managing psychiatric crises in the field. VTBoS deploys housing navigators to interface with psychiatric emergency departments and courts. Coordinating with hospital discharge planners, VTBoS builds immediate pathways from clinical holds into medical respite or treatment-supported housing to maintain safety and treatment stability. In alignment with temporary custody standards (18 V.S.A. § 7508(e)(2)), VTBOS partners integrates peer-run support networks to minimize trauma during emergency interventions.

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)

VT actively maintains a comprehensive system for tracking and reporting sex offenders through the Vermont Sex Offender Registry (VTSOR), which is administered by the Vermont Crime Information Center (VCIC) under 13 V.S.A. Chapter 167, Subchapter 3. Vermont continues to bring its infrastructure into full substantial compliance with the federal Sex Offender Registration and Notification Act (SORNA), several existing state policies and pending transitions can be leveraged by VT BOS.

VT provides automated public notifications: Under 13 V.S.A. § 5411a, VT enforces the electronic posting of the registry and provides real-time geographic and ZIP-code-based email alerts to the public.

The state has fully operationalized data sharing with local, federal, and prosecution agencies, providing immediate notification to the National Crime Information Center (NCIC) and the National Sex Offender Registry (NSOR) when registry updates occur.

VT has integrated its registration system with the Vermont State Police Barracks network, requiring out-of-state and new registrants to physically report to a barracks for biometric verification, creating an audited trail of identities.

VT allows individuals who have not received a formal state risk evaluation to pay for an independent risk assessment, accelerating the accuracy of risk profiles while reducing administrative backlogs.

VT has closed out-of-state loopholes through reciprocal statutory language, ensuring that any sex offender moving into the state is automatically bound to the exact same internet registry and exposure conditions they faced in their previous jurisdiction.

To keep records up to date, VCIC distributes mandatory annual verification notices timed to the registrant's birthday, demanding immediate attestation of personal details within 10 days of receipt.

VT is transitioning from a court-determined/risk-assessment model to SORNA's standardized, offense-based tiering structure.

VT BOS will work closely with VT Dept of Corrections (DOC) and local LE during their routine Sex Offender Registry Compliance (SORC) physical sweeps. Case managers will assist unhoused registrants in meeting their daily/temporary reporting requirements under 13 V.S.A. § 5407(h) as needed, ensuring that transient individuals remain compliant, reducing absconding rates while transitioning them into monitored housing environments.

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)

VTBoS uses multiple street outreach methods to locate persons experiencing unsheltered homelessness, designed to reach subpopulations least likely to request assistance, incl. Veterans, CH, & those w/ SMI/SUD. VTBoS conducts street outreach on an ongoing basis, w/ varied methods in each region of VTBoS based on local conditions, incl: 1) teams search for new encampments to find people who are not going to ask for assistance, looking in new places & putting up posters across county in gas stations, libraries, w/ contact info & what provider can help w/, 2) teams set up tables w/ free coffee & doughnuts near bus stations & other hot spots; go to motel parking lots where unsheltered people congregate, 3) teams offer mobile medical clinic at least qtrly at various places w/in community to reach people. Physicians, mental health clinicians, recovery coaches, and volunteers are all available, 4) teams educate community partners on assessing clients for all available referrals, 5) SSVF does street outreach in all VT towns to identify & serve homeless veterans, as well as make referrals to Coordinated Entry for Vets & non-Vets, 6) Five PATH providers & Pathways VT conduct street outreach for higher needs, 7) Mental health providers conduct street outreach to encampments to encourage service engagement, sometimes accompanied by plain-clothed police officers. Language interpretation services (statewide) support engagement of those w/ limited English, & the VT Center for Independent Living conducts trainings/monitoring of TTY devices to assist persons w/ hearing/speech impairments, 8) teams do outreach at libraries, soup kitchens, quick stops, parking garages, & other known gathering places.

Outreach is provided using three primary methods: 1) connecting w/ people who work in these institutions & orgs, 2) canvassing / direct outreach to folks who may be experiencing homelessness, & 3) leaving printed materials so that folks experiencing unsheltered homelessness can reach out to the outreach team directly.

Outreach teams also get referrals from staff at partner agencies using warm handoffs to not lose the relationship in transition. Outreach teams are multidisciplinary w/ staff from local DA, youth services, CE lead agency, CE assessment partner orgs, & SUD treatment staff. Outreach staff are cross-trained to do CE Assessments w/ people living unsheltered, capitalizing on the multidisciplinary relationships on the team both to do assessments & to seamlessly refer people to CE.

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

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

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

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

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

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

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

(limit 2,500 characters)

VTBoS & VT Agency of Education-AOE (serves as the SEA, and is a CoC member & CoC Youth Committee member) adopted CoC Policy “Educational Services for Children Policies & Procedures” in the CoC Policies & Procedures to ensure individuals, youth & families are informed of service eligibility during the intake process & that designated staff ensures school enrollment & connections w/ service planning when education needs are unmet.

VT AOE’s Education for Homeless Children & Youth Program (EHCYP) monitors access for homeless students to ensure they receive the same free, appropriate, public education (including public preschool) provided to other VT children, to meet the challenging VT student performance standards. EHCYP, supported by McKinney-Vento/Every Students Succeeds Act, continues to maintain and disseminate an updated VT Homeless Liaisons contact list, Homeless Liaison Responsibilities Policy, VT Homeless Education Data; Info about the Homeless Education: M-V Homeless Assistance Act; Guidance from EHCYP; and Info re: M-V Act’s Appeal Processing Procedure.

To ensure operationalization of educational requirements, VTBoS requires that CoC funded grantees & partners designate staff responsible for informing youth & families of their eligibility for educational services & linkage to the local McKinney-Vento liaisons w/in the school district of their choice at intake. The CoC includes a question relating to educational service eligibility w/in the CE Assessment tool that screens for eligibility for educational services. The CE tool also prompts assessors to seek participant permission to contact the local homeless liaison at the appropriate school and includes a hyperlinked list of current liaisons to ensure the right person is contacted and connected to youth & families. VTBoS & providers encourage households to contact VT 211 to access a statewide referral service & web-based inventory to access additional education services & other resources. Additionally, all State of VT Housing Opportunity Program (HOP) grantees that serve families with school-aged children are required to maintain connections with local liaisons, as laid out in HOP general standards. VTBoS CE lead agency is the same State Dept that operates the HOP program, serving as a critical alignment b/t VTBoS and state policies re: educational services for young people and families experiencing homelessness.

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)

VTBoS coordinates with the Department for Children and Families (DCF) through its Committee to End Youth Homelessness, a joint committee of both Vermont CoCs whose partners include child welfare. The Committee is staffed by the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), a statewide program of Elevate Youth Services, the recipient of Vermont YHDP grants.

Transition planning. There is a State-funded Youth Development Program (YDP) lead in every local housing coalition, serving youth with foster care experience. YDP is another statewide program of Elevate Youth Services (EYS), the CoC's YHDP recipient, and in many coalitions the YDP lead is also the YHDP provider, so youth leaving care are often known to the homeless system before they exit. Where they differ, service providers coordinate directly with the local YDP provider, such as Easterseals Vermont in Addison County. Housing. EYS administers Vermont's Foster Youth to Independence (FYI) vouchers w/ the Vermont State Housing Authority, issuing over 40/year at full use w/ waitlist. Voucher holders enroll in YDP, pairing the subsidy w/ services. Youth exiting foster care are prioritized for YHDP Housing Navigation & for FYI where eligible. A YHDP participant who moves into an FYI voucher keeps YHDP supportive services alongside it without a change of case manager.

Identification. Statewide CE assessment carries foster care history as a standing domain, reassessed as circumstances change. YHDP intake records current DCF involvement, including custody, conditional custody & open family cases, & time formerly a ward of child welfare. Referrals run from DCF caseworkers & YDP into CE, & from CE back to YDP.

Minors. For youth under 18, all three RHY Basic Center sites are licensed by DCF as Commissioner Designated Shelters, take part in local Child Protection Teams, and work with DCF on host home certification. VCRHYP administers the BCP.

Prevention & continuity. Where reunification is safe & the youth wants it, youth are referred to DCF Compass Prevention & Stabilization Services for in-home support. Youth referred from YDP or Compass keep those case managers, & YHDP case management continues, so no youth restarts services.

Data. VTBoS proposed YHSI plan includes data-sharing agreement among VCRHYP, ICA, DCF, AOEd & other partners to produce a de-duplicated annual count of youth across systems. Currently, VT only has counts of systems-involved youth who are enrolled in CE.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

In Vermont, RHY and YHDP are delivered by the same agencies, with RHY and YHDP staff co-located in each region, so a referral between them is a handoff inside one agency. VCRHYP, a program of Elevate Youth Services (EYS), administers both, coordinates them through the CoC Youth Committee and the Committee to End Youth Homelessness, and monitors them together each year.

Basic Center Program and Street Outreach. EYS holds Vermont's FYSB BCP award (90CY7758). Under the FY2025 FYSB NOFO, intensive street outreach is a BCP component, not a standalone program. BCP serves youth 12 to 17 at EYS (Washington), Northeast Kingdom Youth Services (Caledonia, Essex) and Interaction (Windham), with outreach one to three times a week, host home shelter for up to 21 days, home-based prevention, counseling, case management and 12 months of aftercare. In Year 1 to date, outreach engaged 45 youth, and 100% of youth exiting services went to a safe, stable destination. Referral and transition. BCP sites are Coordinated Entry referral or assessment partners in their local housing coalitions. Youth nearing 18, and older youth met through outreach, move directly into YHDP Housing Navigation or Transitional Housing at the same agency.

TLP. EYS's FYSB Transitional Living Program was not refunded in 2025. Every youth housed in TLP was rehoused into YHDP Transitional Housing in October 2025.

MGH. Vermont has no Maternity Group Home award. Pregnant and parenting youth are served through YHDP and local Parent Child Centers.

Data and training. VCRHYP manages Vermont's RHY-HMIS, transmits data quarterly, and coordinates with ICA, the HMIS Lead, so RHY and CoC data follow one standard. BCP and YHDP staff train together and use one intake assessment.

Expansion. Vermont's FY2024/2025 YHDP application proposes youth-specific Coordinated Entry in every county and YHDP Street Outreach in several regions, anchored by local youth drop-in centers, extending the BCP outreach model statewide.

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)

NewStory Center Rapid Rehousing (RRH) project primarily serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

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)

NewStory Center incorporates employment and economic stability as part of service plans and goals. Our approach is individualized, trauma-informed, and focused on helping participants achieve meaningful and sustainable employment that aligns with their skills, interests, and personal circumstances, as well as careers that offer living wages, advancement opportunities, and long-term economic stability.

Upon entering the RRH program, participants complete an assessment that evaluates employment history, education, career interests, barriers to employment, and training needs. Advocates work collaboratively with participants to develop individualized goals.

NewStory Center collaborates with local employers, workforce development organizations, community colleges, adult education providers, and state employment agencies to connect participants with training and employment opportunities. Referrals are made to BROC Community Action, Vermont Adult Learning, HireAbility, and Vermont Department of Labor.

Participants will also have access to “Turning the Page,” NewStory Center’s economic empowerment program that works to create pathways to viable careers for survivors of domestic and sexual violence in Rutland County. “Turning the Page” participants receive hands-on training and experience at local businesses as they write a new chapter in their life. Partners include BROC Community Action, Green Mountain Power, and Rutland Regional Medical Center.

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)

Participants have access to all the support services that NewStory Center offers. This includes referrals to partner organizations - both public and private. Eligible participants are assisted in accessing federal and state benefit programs, including Medicare, Medicaid, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF). Staff are trained to provide benefits screening, application assistance, and referrals to ensure participants receive all benefits for which they qualify. These programs will help cover healthcare costs, provide income support, and reduce food insecurity, allowing households to dedicate more resources toward maintaining stable housing.

Additionally, NewStory Center will work with healthcare providers, behavioral health organizations, and social service agencies to provide access to primary care, mental health services, substance use treatment, case management, transportation assistance, and other supportive services.

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

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

(limit 2,500 characters)

NewStory Center combines housing assistance with parental support by incorporating parenting goals into individualized service plans. NewStory Center then makes referrals and relies on community partners such as the Rutland County Parent Child Center, Rutland County Head Start, Community Health, Rutland Women's Healthcare, and the local public school systems.

NewStory Center combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and educational supports to promote housing stability for survivors experiencing homelessness. Through individualized service plans, staff work with participants to identify parenting goals and address barriers to long-term stability. Parenting support is integrated into each family's service plan and addressed during case management. Referrals to community partners are made on an as-needed basis.

To ensure families have access to childcare and early childhood services, NewStory Center partners with organizations such as the Rutland County Parent Child Center and Rutland County Head Start, connecting parents to childcare, early learning opportunities, developmental screenings, and family support programs. Pregnant participants and families with young children are referred to healthcare providers and community partners, Community Health, Rutland Women's Healthcare, and pediatric care providers, for prenatal care, reproductive health services, well-child visits, immunizations, and other pregnancy-related and child healthcare services.

NewStory Center also collaborates with local public schools to support enrollment, attendance, transportation coordination, and educational success for school-aged children.

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

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

(limit 500 characters)

VTBoS partners w/ VA & Veteran Serving Orgs (SSVF). Veterans are referred via designated Coordinated Entry (CE) process/P&Ps to our Veterans Navigator. VA & SSVF providers have community-based outreach staff focused on identifying new Vets & connecting them to care, coordinating provision of emergency shelter (ES), outreach, supportive services, & housing. Each VT DOL office has a Veteran Service Employment Coordinator ensuring access to a full spectrum of employment & career pathway options. VA

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)

VTBOS partners w/ VT Network (DV/SV coalition), which admins the top grant funding 9 BoS shelter/service orgs. Network's Housing Dir sits on CoC board to ensure safety policies & provides training/TA to VSPs & shelters. This spring, CoC/Network trained CE Lead Agencies on VSP partnerships & safety planning. CE was co-designed w/ VSPs for housing access via unique IDs for privacy. CoC gets annual VAWA/state training. Network also admins HOP aid, letting survivors bypass sharing sensitive info.

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)

Beyond Bars, a peer-informed initiative, coordinates reentry support systems across VT & works alongside community agencies & advocates to support indiv transitioning from the carceral system back into their communities. They address key areas such as stable housing, employment, mental health, and recovery from addiction. Beyond Bars serves as a model for addressing systemic barriers through peer-led, recovery-informed solutions—contributing to a more just and supportive Vermont for all.

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)

Vermont Chronic Care Initiative (VCCI) provides holistic, intensive case management to homeless individuals with high level of complex needs who cycle frequently thru public systems. Embedded regionally, community-based VCCI case managers locate & engage historically hard-to-reach populations in shelters, hospitals, & encampments. Partnering w/ Agency of Human Services, healthcare, & social service providers, VCCI screens for housing, food, and medical needs to connect members with stable care.

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

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

(limit 500 characters)

VTBoS partners w/ AgeWell & Addison County Home, Health & Hospice (ACHH) to support aging individuals. AgeWell provides dedicated case managers for clients aged 62+ requiring advanced care (food delivery, medical transit). ACHH offers staff training on dementia & end-of-life care. ACHH delivers free hospice services & collaborates with John Graham Shelter to transition vulnerable elders—including those w/ pets—into safe care, consulting VT Office of Economic Opportunity & VT Dept of Health.

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)

VHSA's VSHA CoC-PSH ("AWH") project prioritizes individuals experiencing chronic homelessness.

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

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

(limit 2,500 characters)

The VSHA CoC-PSH (AWH) projects provide on-site behavioral healthcare. For example, Upper Valley Haven, an AWH sub-recipient, has an 18-unit building that provides permanent, supportive housing to people who are chronically homeless or extremely low-income. In collaboration with Twin Pines Housing, UVH supports residents with on-site Service Coordinators. Residents must commit to: participating in scheduled home visits, workshops, trainings, support groups and meetings; regularly meet with Service Coordinators on-site to accomplish set goals/needs; demonstrate progress toward meeting goals; communicate needs/challenges openly and regularly with both the Haven and Twin Pines.

Groundworks Collaborative, an AWH sub-recipient, has a SupportWorks program, where a team of Supportworks Case Managers. The case management model includes weekly home visits to ensure that clients are setting and meeting goals to address the challenges that may have led to homelessness.

GW's Healthworks is a team of embedded healthcare and mental health professionals who work on-site in Groundworks' programs providing critical physical and mental health services, as well as support for recovery efforts. Healthworks collaboration with the Brattleboro Retreat, Brattleboro Memorial Hospital (BMH), and Health Care and Rehabilitation Services (HCRS) provides Groundworks program participants with direct access to embedded healthcare, mental health, and substance use recovery clinicians, all of whom work on-site at all of GW's locations, providing psychotherapy and critical early substance abuse recovery supports, health screenings, wound care, medication management, and connection to primary care physicians, thereby reducing emergency room visits. The Healthworks ACT (assertive community treatment) team offers specialized in-patient level care to Groundworks participants—delivered on an outpatient or street level basis in the environments of their lives.

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)

All VSHA CoC project provider staff have/will assess program participant need for higher levels of care through the following: conduct needs assessment of participants, including to determine levels of activities of daily living (ADLs); coordinate with local Agencies on Aging for information, referrals and assistance (e.g. assistive devices, Meals on Wheels, Benefits Assistors, assisted living facilities, residential care homes, nursing homes); apply for the State of Vermont/Dept. of Disabilities, Aging & Independent Living, Choices for Care Program to assess eligibility of Medicaid-funded in-home care services for participants with nursing home level of care needs; and partnerships with local Vermont Chronic Care Initiative staff who connect participants with medical homes providers, community support, long-term care, and local resources based on their needs.

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)

All VSHA CoC-PSH projects conduct assessments to determine housing stability of each participant and provide case management, training and support for participants to achieve self-sufficiency and financial independence through - at program entry, project staff develop individual service plans (ISPs) with participants which include housing/income goals; staff communicate with participants' landlords to determine and address housing challenges; staff work with participants to apply for other permanent housing options; staff conduct life skills training (budgeting, maintaining a household, Being a Good Renter, tenant-landlord relations, personal hygiene, Preferred Renter Certificate Program); staff and partners provide healthcare (behavioral, substance use treatment, general healthcare); staff assist participants with access mainstream benefits and income; staff assist participants to attain employment (if applicable) through direct services of resume building, interview techniques, job coaching, and connections to HireAbility Vermont - an employment and career development program that assists participants with disabilities get & keep a job through partnerships with local employers; upon exit from a unit, VSHA receives Landlord certification to determine the tenant standing of participants; and CoC staff may provide up to six months of aftercare services to support exiting participants maintain housing.

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

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

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

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

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

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

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

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/05/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/05/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

VTBoS embarks on an annual proactive plan to assess all projects to strengthen our CoC's effectiveness at ending homelessness, which includes identifying projects for reallocation. Projects with poor performance, not spending their full award, underutilizing beds, not in alignment with VTBoS standards and practices, not serving the intended population or with significant, unresolved findings are subject to involuntary reallocation. Projects that have underspent more than 10% of their award, score 60% or lower, with significant unresolved findings, or no longer fit CoC priorities may be reduced & those funds could be reallocated for New Projects. A 1-year grace period may be extended to providers who commit to a plan in collaboration with the Rating & Scoring Committee that will increase their expenditures to 90%+ in the current program year.

Local Housing Coalitions and the CoC Board are provided information on CoC priorities, best practices, review criteria, reallocation opportunities and requirements.

Projects are offered a chance to voluntarily reallocate in part or whole to support creation of new projects to achieve our goals to end homelessness. Recipients may determine they want to reallocate if 1) the recipient is unable to certify/affirm new HUD requirements, 2) the recipient has evaluated their own financial and client outcome performance and determined that the project is unlikely to perform well in the local competition, or 3) other recipient reasons.

Any funds reallocated as part of recapturing unspent funds will be made available for reallocation to create new projects during the local solicitation process. Reallocation decisions are subject to the Scoring & Ranking Committee's judgment. Any recommendations by the Scoring and Ranking Committee that are formalized through a VT BoS CoC Board of Director's vote are subject to appeal through the CoC Grievance process and, if unresolved, to HUD.

VTBoS identified 4 underperforming projects for reallocation.

VTBoS worked with a recipient to fully reallocate 2 underperforming projects, and partially reallocate 2 projects to better suit the CoC priorities and needs. VTBoS also worked with YHDP recipients on replacement projects to better suit CoC needs.

Not applicable

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

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

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

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

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

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

(limit 2,500 characters)

VTBOS did not make any changes to our unsheltered PIT count implementation, including methodology or data quality changes between 2025 & 2026.

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

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

(limit 2,500 characters)

VTBoS is most of VT w/ 11 subregions & 8 towns w/ 8k+ people. Brattleboro Asst Fire Chief leads encampment resolution work: Mon & Fri cleanup coordination meetings & prioritizes removal sites. CoC Outreach team, recovery center & local officials collaborate with Brattleboro FD. Brattleboro prioritizes encampments with illicit drug use for decommissioning, posting notice to vacate in 48-72 hours after which outreach workers from Groundworks Collaborative connect inhabitants to services and encourage vacating voluntarily. After the notice period has expired, the Town partners with LE, FD, DPW, and providers to remove the camp. LE collaborates with recovery center and outreach teams, resulting in improved connections to treatment and housing resources. Prior to collaboration most camps tended to return 1-2 weeks after clearance. Now only one removal is required.

Rutland, Bennington, Barre, Middlebury, Hartford, & Springfield have policies strictly prohibiting camping (3 explicit re: homeless camps; 3 in general park usage code). Rutland clears illegal camps using city park ordinances and trespass laws. Removal efforts are coordinated through the Rutland City Police Department and Public Works, often triggered by property-owner complaints or public safety concerns. Hartford encampments on public land receive No Trespassing orders issued by local police or the Windsor County Sheriff in conjunction with the Vermont Agency of Transportation (VTrans), w/ 72-96 hours to vacate. Montpelier has policy that emphasizes continued illegality of camps when shelter beds are open & protocols to clear camps in high sensitivity areas, coordinating w/ police, city manager & peer support outreach staff at Good Samaritan Haven visiting after advance notice is given. Public Works, Fire, Health Officer all involved. VT towns all use a team-based care model to get all necessary parties coordinated. Communities also use the Situation Table model to resolve acute crises alongside local LE evidence-based practice that police depts use. The joint effort makes camp removal coordination easier. Providers and the Addison County Local Housing Coalition partnered with the towns of Middlebury to create an encampment policy prioritizing public safety.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	16
2. Enter the reduction in the number of encampments during your evaluation period.	4

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	45
2. Enter the reduction in the number of people in encampments during your evaluation period.	10

 nbsp;nbsp;

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)

N/A

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)

VTBoS has maintained an at-risk CE by name list for the past 2 ½ years to better track and target at-risk households for all state-funded prevention, stabilization & diversion resources by maintaining up-to-date info for referrals to a network of 7 orgs across VTBoS that administer homeless prevention assistance. These orgs also offer services and funds designed to support client-centered problem solving, individual housing stability planning, or divert or rapidly exit a household from emergency shelter. The package includes security deposits + last month's rent, rental arrears up to 3 months, short-term rental assistance, utility deposits, program fees for recovery housing or other non-traditional housing, and transportation costs to live with family or friends living elsewhere in the state or country. The orgs administering prevention and diversion services and financial assistance are CAP agencies with CSBG dollars and additional mainstream programming that at-risk households also need, such as transportation vouchers, connections to Hireability, Medicare, Medicaid, SNAP, TANF, WIC, financial coaching, care coordination, benefits counseling. This prevention and diversion work is funded by the state and overseen by the state ESG recipient, in coordination with the CoC, to ensure statewide coverage to decrease the number of at-risk cases that become an episode of homelessness. State funded Landlord Liaison efforts were concentrated in a single org for 2026, to maximize impact of landlord relationships and follow evidence based practice of creating a single, coordinated, CoC-wide landlord engagement project to minimize competition among service providers and create a single point of contact to support landlords, like a case manager for landlords. Also the VT State Housing Authority receives state funding to pay landlords directly for arrears, damages, mediation and other prevention activities. The state ESG recipient maintains a Homeless Prevention performance measure that includes number of at-risk households assisted; % whose housing stabilized w/in 28 days (target: 70%); average length of time from project entry until housing was stabilized; % of stabilized households who continue to be stably housed for at least 90 days (target 70%). State affordable housing units may prioritize at-risk households on the CE at-risk by name list.

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)

State funds (\$36.3M) activities that coordinate, augment, and speed up the rehousing process. 20 orgs across VT offer housing navigation services to speed up rehousing, reducing the length of time people remain homeless. Further, a network of 7 orgs offer flexible client-based financial assistance to divert or rapidly exit households from shelter back to a safe place in the community, drastically reducing the length of time that a household must remain in shelter. While outliers drive up the average shelter stay to 145 days, the median of 92 days is so low due to the use of rapid exit funds within VT's shelter system to cover security deposits + last month's rent, rental arrears up to 3 months, short-term (3 month max) rental assistance, utility deposits, program fees for recovery housing or other non-traditional housing, and transportation costs to live with family or friends living elsewhere in the state or country. The state also funds rapid rehousing services, including housing search and placement, work with nonprofit and private landlords, housing stability case management that includes connection with post-lease supportive services, landlord-tenant mediation, supportive services to maintain housing, money management, credit repair, and tenant education.

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?	38.66%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

The universe of projects included in this calculation is all VT-500 BoS CoC-funded Transitional Housing (TH), Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH) projects, except victim service provider projects, which are tracked in a comparable database rather than VTBoS's HMIS. For the 12-month reporting period of 7/1/2025-6/30/2026, VTBoS ran an HMIS report counting all program participants who exited from a TH, RRH, or PSH project during this period, totaling 421 exits. 7 participants exited to deceased, so they were not included in the denominator of the calculation. The base for the calculation is 414 exits.

Of 414 valid exits, 228 exited to positive housing destinations, resulting in a rate of 55.75%

Of the valid exits, VTBoS summed exits to the following HMIS Data Element 3.12 (Exit Destination) response options, which qualify as unsubsidized housing: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; and owned by client, no ongoing housing subsidy. 29 of the 75 total TH/RRH/PSH exits during the period met one of these four unsubsidized-housing definitions, resulting in a rate of 38.66%.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	578	147	725	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	69	25	94	95.74%
4. Rapid Re-Housing (RRH) beds	420	16	436	71.79%
5. Permanent Supportive Housing (PSH) beds	382	0	382	51.31%
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)

PSH is currently at 51% utilization as 172 beds in Dept of Veterans Affairs VAMC HUD-VASH units are not yet entered into the HMIS, and Rapid Re-Housing (RRH) is currently at 71% utilization as 123 beds at Vermont Agency of Human Services are not currently entered into the HMIS. Changes in VTBoS are creating conditions more open for change, as HHAV, the Collaborative Applicant for VTBoS, and VTBoS are strengthening the relationship with VT AHS through partnerships with its sub-departments including the Office of Economic Opportunity, Dept of Health, Dept of Mental Health, Economic Services Division, and Division of Substance Use. Additionally, VT is currently enacting Act 143, which establishes the VT Homelessness Response Continuum (VHRC) & overhauls the state's emergency housing system through a newly structured, tiered framework. Because Act 143 explicitly shifts the state toward coordinated entry, individual housing plans, and strict outcome-tracking mandates, it creates an immediate legislative & funding baseline that relies entirely on high-quality data synchronization. This creates an opportunity for the VTBoS Board, HMIS Lead (ICA), and HHAV to make a joint formal request to the VT Agency of Human Services Secretary, the VT DCF Commissioner, and the VT ESG Deputy Commissioner to begin requiring state-funded resources into HMIS to satisfy these new statutory reporting requirements. To implement these steps over the next 12 months and bring these missing beds into the system, the CoC will address specific provider capacity barriers. While the VAMC administering HUD-VASH in Vermont has not had the capacity to do double data entry to enter into HMIS, the VT Veterans Committee has had promising discussions with the VAMC early in 2026, and VTBoS has contracted with a consultant to identify the most workable solution to input VASH units into HMIS. The CoC will discuss how we can assist in implement this solution & bring the units into compliance by using finding ways to sponsor the required HMIS user licenses, delivering direct, hands-on workflow training via the HMIS Lead (ICA) to address staff concerns, & providing direct data entry assistance—including batch uploads and back-entering data—to eliminate the initial administrative burden for the providers. This comprehensive strategy will ensure bed coverage for both project types successfully rises above the 85 percent threshold

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of 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 fr...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY2026 HDX...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	3A-1. HUD-2996 Ce...	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	3A-DP. Your CoC's...	09/29/2026
11. Other	No		

Attachment Details

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

Attachment Details

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

Attachment Details

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

Attachment Details

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

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: 2A-8b. FY2026 HDX Competition Report

Attachment Details

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

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to
Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
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	09/29/2026
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

Cover Sheet

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

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

55% of Balance of State CoC Funded Projects have substance use treatment available onsite:

- Umbrella Rapid Rehousing Program
- Washington County Mental Health Services Recovery and Reentry Rapid Rehousing
- VSHA CoC-PSH (PTH)
- VSHA CoC-PSH ("AWH")
- VSHA COC-TRANSITIONAL HOUSING ("VSHA COC-TH")

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

Cover Sheet

1. List of CoC Program Projects and Number of Units that Require Substance Abuse Treatment

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

- None

1C-3 Language from Project Supportive Service Agreements

Cover Sheet

1. Balance of State Service Participation Agreement
2. CSAC FY26 TH Service Agreement
3. RMHS FY26 TH Service Agreement
4. AWH Program Agreement
5. CVOEO FY26 PSH Renewal Agreement
6. GW FY26 Renewal Agreement
7. NewStory Center – Participant Service Agreement
8. Umbrella CoC Rapid Rehousing Service Agreement
9. PTH Program Agreement

Vermont Balance of State Continuum of Care

VT Balance of State Continuum of Care Service Participation Agreement

All projects are required to enforce a service participation agreement. If a project does not supply their own, they are required to use this VT BoS CoC-wide agreement.

Service Agreement for CoC-Funded Housing Programs

This agreement explains what you and the housing program must do while you live in housing paid for by the Continuum of Care (CoC). By signing this, you agree to take part in the services you need to stay housed, and the housing program commits to providing these services and supports. The combination of services, supports and affordable housing is designed to help all tenants assume the full rights and responsibilities of tenancy.

This program aims to help every participant build and sustain a stable foundation in the community. Participants are encouraged to actively use the program's tools and supports and to connect with community resources that align with their goals for increased independence.

Participant Responsibilities (What You Agree to Do)

Meet With My Case Manager

My case manager will give me tools, teach me skills, and help me find resources that can make it easier for me to stay stably housed. They will also help me think about my goals and how I can become more independent. I agree to meet with my case manager on a regular schedule. My case manager will also talk with my landlord to help make sure I am following my lease and to help me fix any problems that come up.

We will talk about how this housing program can be a step toward other housing options and my long-term goals. Together, we will make a housing plan. At each meeting, we will check my progress, talk about any setbacks, and look for services or resources that can help me. I agree to meet with my case manager regularly and to use the services and resources they offer so I can be successful in my housing.

Work on My Housing Plan

I will work with my case manager on a housing plan. I will follow through on the tasks that help me stay housed, like going to appointments, following up on services, and working on income or stability goals. I will turn in papers and documents needed for recertification or other program rules on time. I know these are requirements for continuing to provide this housing program.

Use Supportive Services

I will take part in services the program offers or refers me to. These may include classes, support groups, counseling. Some services will be required for me to stay in the program.

Follow House Rules and Lease Terms

I will follow the rules for the building and my lease. I will respect neighbors, keep my unit clean, and not break the law. I will not let people stay in my unit without permission. I will allow staff to inspect my unit with proper notice. I understand that having a good record as a tenant and following the lease will give me more housing options in the future, such as a larger unit perhaps with family and friends.

Pay My Share of Rent (if I have one)

If I must pay part of the rent, I will pay it on time every month. This rule is part of all housing programs. I will let the program know if my income or the number of people in my household changes. My case manager will go over how rent is figured out and help make sure the amount I pay is correct.

Act Safely and Respectfully

I will treat staff and other tenants with respect. I will not use violence, threats, or unsafe behavior. I agree that everyone deserves to be treated with respect and to feel safe in their homes.

[Programs that count towards the treatment bed threshold only]**Engage in Substance Use Treatment**

I will take part in treatment or counseling that my case manager or the program requires. I understand that taking part in these services helps me keep my housing.

Program Responsibilities (What the Program Agrees To Do)**Provide Support and Case Management**

The program will give me a case manager who will help me with my goals and connect me to services that can help me stay housed and reach my life goals.

Communicate Clearly

The program will explain the rules in simple language and give me written copies of the rules and this agreement. If I break a rule, staff will explain the problem and problem solve with each tenant on how to address the issue. The lease will be explained and the process to enforce the lease will be clear and consistent

Provide a Fair Grievance Process

I have the right to file a grievance (a complaint) if I disagree with a decision or feel I was treated unfairly. The program will review my grievance and will not punish me for speaking up.

Non-Compliance: Steps and Consequences

If I do not follow the rules or meet my responsibilities, the program will take the steps below to address the issue before moving to terminate my housing contract:

1. Verbal Warning and Problem-Solving

If the issue is a lease violation the landlord, property manager will provide me with a written notice of the lease violation. If it is a program issue the program will provide written notice of the issue. My case manager will talk with me about the issue, discuss why this is a problem, discuss what needs to change, and help me work on fixing it.

2. Written Warning and Action Plan

If the issue continues, I will get a written warning or an action plan. The plan will list the problem, steps I must take, and a timeframe for resolution.

3. Case Conference

If the problem continues, I will meet with my case manager and a supervisor. They will explain what must change and that my housing may be at risk.

4. Final Notice of Termination

If I still do not follow the rules or the plan, the program may end my housing assistance. I will get a written notice explaining why and how I can appeal. I may ask for a review by someone not involved in the first decision. If there is a safety emergency, I may have to leave right away, but I will still get written notice. The program will connect me to other resources if possible.

Termination will only happen after the program has tried to fix the problem through these steps.

Agreement and Acknowledgment

I have read this agreement (or had it explained to me). I understand what I must do to stay in the program. I can ask questions at any time if I need help.

Participant Name (Printed): _____

Participant Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____



SERVICE PARTICIPATION AGREEMENT

Organization Name: _____

Program Name: _____

Participant Name: _____

Case Manager/Advocate: _____

Effective Date: _____

PURPOSE OF THIS AGREEMENT

Welcome to NewStory Center. We recognize that each person's experience with domestic violence, trauma, housing instability, and healing is unique. This agreement is intended to outline how we will work together in a respectful, collaborative, and trauma-informed manner.

This agreement is not intended to be punitive or coercive. Services are participant-driven, and focused on supporting safety, stability, empowerment, healing, and self-determined goals.

By signing this agreement, both the participant and NewStory Center acknowledge their shared commitment to maintaining a safe, respectful, and supportive service environment.

OUR COMMITMENT TO PARTICIPANTS

NewStory Center agrees to:

- Provide services in a trauma-informed, survivor-centered, culturally responsive, and non-discriminatory manner.
- Treat all participants with dignity, respect, and compassion.
- Support participant choice, autonomy, and self-determination.
- Maintain confidentiality consistent with applicable laws and agency policies.
- Provide information about available services, resources, and community referrals.
- Collaborate with participants to identify goals related to safety, housing, health, employment, education, parenting, financial stability, or other self-identified priorities.

NewStory Center, Inc.

P.O. Box 313, Rutland, VT 05702 • www.nscvt.org

Crisis: (802) 775-3232 • Office: (802) 775-6788 • Fax: (802) 747-0470



- Offer reasonable accommodations for individuals with disabilities, language access needs, or other barriers to participation.
 - Provide opportunities for participants to share concerns, grievances, or feedback without fear of retaliation.
-

PARTICIPANT RIGHTS

Participants have the right to:

- Be treated with respect and dignity.
 - Make informed choices about their participation in services.
 - Participate in developing their individualized service plan.
 - Decline services they do not wish to receive.
 - Request changes to goals and service plans.
 - Receive information regarding agency policies and procedures.
 - Access grievance procedures.
 - Be free from discrimination, harassment, intimidation, or retaliation.
 - Have reasonable privacy and confidentiality protections.
-

PARTICIPANT RESPONSIBILITIES

Participants agree to:

- Treat staff, volunteers, and other participants with respect.
 - Communicate with their advocate or case manager when changes occur that may affect service delivery.
 - Participate in developing and reviewing goals that support their needs and priorities.
 - Comply with safety-related requirements established by the organization.
 - Provide accurate information necessary for program eligibility and reporting requirements, when applicable.
 - Notify staff if they need accommodations, interpreter services, or additional support.
-

INDIVIDUALIZED SERVICE PLANNING

NewStory Center, Inc.

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Participants and staff will work collaboratively to create an individualized service plan that may include goals such as:

- Increasing personal safety
- Obtaining or maintaining housing
- Accessing healthcare or behavioral health services
- Employment or education advancement
- Financial stability
- Parenting and family support
- Legal advocacy
- Connection to community resources

Goals may be revised at any time based on participant preferences, needs, and changing circumstances.

CONFIDENTIALITY

NewStory Center is committed to protecting participant privacy and confidentiality.

Information may only be shared:

- With the participant's written authorization;
- When required by law;
- When there is a serious and imminent threat to health or safety;
- As otherwise permitted by applicable federal, state, or local laws.

Participants will be informed of any limits to confidentiality during program orientation.

SAFETY AND RESPECTFUL ENVIRONMENT

To promote a safe environment for everyone, participants agree to:

- Refrain from threats, violence, harassment, intimidation, or discriminatory behavior.
- Respect the confidentiality and privacy of others.
- Follow safety protocols established by NewStory Center.
- Refrain from bringing weapons onto agency property except where prohibited by law and consistent with agency policy.

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NewStory
CENTER

TURNING THE PAGE ON VIOLENCE

NewStory Center will respond to safety concerns using a trauma-informed approach whenever possible.

GRIEVANCE PROCEDURE

Participants may file a complaint or grievance regarding services, staff conduct, program decisions, or concerns about treatment.

Grievances may be submitted to:

Name/Title: _____

Phone: _____

Email: _____

Participants will not face retaliation for filing a grievance.

TERMINATION OF SERVICES

Services may end for reasons including:

- Participant request;
- Achievement of participant goals;
- Inability to maintain contact despite reasonable outreach efforts;
- Program funding or eligibility limitations; or
- Serious safety concerns that cannot be reasonably addressed.

Whenever possible, NewStory Center will discuss termination decisions with the participant and provide referrals to alternative resources.

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ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have reviewed this agreement.
- I have had the opportunity to ask questions.
- I understand my rights and responsibilities.
- I understand that services are intended to support my goals and priorities.
- I understand the organization's confidentiality practices and grievance process.

Participant

Signature: _____

Date: _____

Staff Representative

Signature: _____

Date: _____

Supervisor (Optional)

Signature: _____

Date: _____

Organization Contact Information

Organization: _____

Address: _____

Phone: _____

Email: _____

Website: _____

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TURNING THE PAGE ON VIOLENCE

Emergency Contact Numbers

Domestic Violence Hotline: _____

Emergency Services: 911

Local Crisis Line: _____

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P.O. Box 313, Rutland, VT 05702 • www.nscvt.org

Crisis: (802) 775-3232 • Office: (802) 775-6788 • Fax: (802) 747-0470



Umbrella CoC Rapid Rehousing Service Agreement

Participant name: _____ Start date: _____

This agreement explains how Umbrella's Continuum of Care (CoC) rapid rehousing program provides rental assistance and housing support. Umbrella supports survivors of domestic violence, sexual violence, dating violence, stalking, and human trafficking. We work with you in a way that respects your safety, choices, privacy, and goals. Your lease and any rental assistance documents are separate from this agreement.

You choose whether to use advocacy, referrals, counseling, groups, or other supportive services. Declining those services, declining to share personal details, or choosing different goals will not by itself end your housing assistance. The program will offer a housing check-in at least monthly, as described below. Required eligibility reviews, documents, rent payments, and lease responsibilities remain separate from voluntary services.

Your choices and participation

Monthly housing check-in. Umbrella will arrange a meeting with you at least once each month while you receive rapid rehousing assistance, consistent with applicable CoC requirements. We will agree on a safe way, place, and time to meet, including an accessible option when needed. This check-in can focus on rent, the lease, assistance, and any housing concern you choose to discuss. You are not required to accept other case management services or disclose details of abuse or trauma during it. Tell us if you need to reschedule or need a different way to meet. Umbrella will apply any legal exception to a meeting requirement that applies to this project.

Housing goals and services. If you want, an advocate can help you make or revise a housing plan, search for housing, address landlord concerns, plan for safety, budget, access benefits, or connect with child care, employment, legal, health, or recovery resources. You decide which goals and services to pursue. Counseling, treatment, support groups, classes, employment activities, and referrals are voluntary. There is no required progress target or treatment requirement in this agreement.

Privacy and contact with others. Umbrella will explain how your information is protected and any limits on confidentiality. We will not contact your landlord, providers, or other people about your personal circumstances without your informed permission, except as required by law or an applicable program obligation. You may discuss a safe contact method with your advocate. We do not require home visits as part of case management.

Your housing responsibilities



Rent and program information. Pay your share of rent, if any, as stated in your lease and rental assistance documents. Provide information and documents needed to establish and review eligibility and your share of rent. Tell Umbrella about changes in income, household composition, or other circumstances that affect assistance so we can reassess it. Umbrella will explain what is needed, when it is due, and how your share is calculated.

Lease and tenancy. Follow your lease and applicable tenancy rules. Your landlord is responsible for enforcing the lease under applicable law. Umbrella can help you understand a notice or discuss a housing problem if you want that support. A landlord's lease process is separate from Umbrella's decision about program assistance. Umbrella will not require you to permit case management staff to inspect your home under this agreement; any inspection required by HUD will be explained and arranged separately.

Safety and respect. We ask everyone to communicate respectfully and avoid threats or violence toward staff or others. Umbrella will address safety concerns individually, with attention to survivor safety, disability accommodations, and applicable protections. Experiencing abuse, seeking protection, or being harmed by another person is not a violation of this agreement.

What Umbrella will provide

Umbrella will explain the program, the amount and expected duration of assistance, changes to assistance, and any written program rules in language you can understand. We will offer monthly check-ins, practical housing support, safety planning, and referrals based on your choices. We will work with you to address barriers, offer reasonable accommodations when applicable, and provide a way to raise concerns without retaliation. Rental assistance can last only as long as allowed by the grant and your eligibility; it is not a promise of assistance for a fixed period.

Concerns, changes, and ending assistance

If a required rent payment, eligibility document, or other program requirement is missed, Umbrella will explain the concern in writing when appropriate, offer a chance to correct it when feasible, and explore barriers and reasonable accommodations. Declining optional services or not completing a voluntary housing plan is not grounds for termination. Any decision to end assistance will follow applicable CoC rules and survivor protections. You will receive written reasons and an opportunity to present written or oral objections to a reviewer who did not make or approve the original decision and is not subordinate to that person, followed by prompt written notice of the final decision. The separate grievance procedure is available if you believe you were treated unfairly. Your landlord must use the applicable lease and legal process for tenancy matters; this agreement does not authorize immediate eviction.



Acknowledgment

I have read this agreement or had it explained to me. I understand which program and tenancy responsibilities apply and that supportive services beyond any applicable monthly housing check-in are my choice. I can ask questions, request an accommodation, or raise a concern at any time. I will receive a copy of this agreement and the written program rules and termination process before assistance begins.

Participant signature: _____ Date: _____

Umbrella staff signature: _____ Date: _____

Safe contact method, if participant wishes to provide one: _____

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Projects: **Grant # TBD; VSHA CoC-TH "Transitional Housing" NEW**

Project Type: **Transitional Housing**

Anticipated Grant Term: **TBD**

We agree/certify the following as a requirement to operate CoC-Transitional Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

- ✓ Our organization has no outstanding delinquent federal debt (all projects).
- ✓ Our organization is not debarred, suspended, proposed for debarment, or voluntarily excluded from doing business with the federal government.
- ✓ Our organization has no outstanding HUD monitoring findings.
- ✓ Our organization agrees to *require* service participation as a condition of its CoC funded program and attaches documentation of its service participation requirements.
- ✓ Our organization certifies, if applicable, the provision of *educational* supports and services for children ages 0-5, such as Public Pre-K, Head Start, Child Care (including Child Care and Development Fund), or home visiting (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) (family and youth projects).
- ✓ Our organization certifies to not engage in illegal discrimination, including racial preferences.
- ✓ Our organization certifies to 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. This is consistent with the objectives outlined in Section III.B above and is consistent with the requirements of 2 CFR 200.300(a).

<i>Taylor Morley</i>	9/28/2026
Taylor Morley, Executive Director	DATE
Counseling Service of Addison County	

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**
Name of Projects: **VSHA CoC-TH "Transitional Housing" NEW**
Project Type: **Transitional Housing**
Anticipated Grant Term: **TBD**

We agree/certify the following as a requirement to operate CoC-Transitional Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

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Dick Courcelle, CEO DATE 9-28-26
Community Care Network-Rutland Mental Health Services (CCBHC)

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Project: **Grant # VT0087; VSHA CoC-PSH "A Way Home-AWH"**

Project Type: **Permanent Supportive Housing**

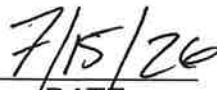
Anticipated Grant Term: **12/1/27 – 11/30/28**

We agree/certify the following as a requirement to operate CoC-Permanent Supportive Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

- ✓ Our organization has no outstanding delinquent federal debt (all projects).
- ✓ Our organization is not debarred, suspended, proposed for debarment, or voluntarily excluded from doing business with the federal government.
- ✓ Our organization has no outstanding HUD monitoring findings.
- ✓ Our organization agrees to *require* service participation as a condition of its CoC funded program and attaches documentation of its service participation requirements.
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Will Towne, Executive Director
Upper Valley Haven



DATE

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Projects: **Grant # VT0087; VSHA CoC-PSH "A Way Home-AWH"**

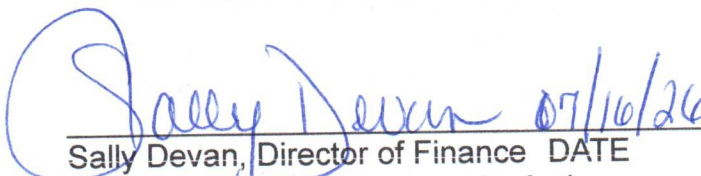
Grant # VT0077; VSHA CoC-PSH "Shelter+Care"

Project Type: **Permanent Supportive Housing**

Anticipated Grant Term: **12/1/27 – 11/30/28**

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Sally Devan, Director of Finance DATE 07/16/26
Northeast Kingdom Community Action

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Project: **Grant # VT0087; VSHA CoC-PSH "A Way Home-AWH"**

Project Type: **Permanent Supportive Housing**

Anticipated Grant Term: **12/1/27 – 11/30/28**

We agree/certify the following as a requirement to operate CoC-Permanent Supportive Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

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- ✓ Our organization is not debarred, suspended, proposed for debarment, or voluntarily excluded from doing business with the federal government.
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- ✓ Our organization agrees to *require* service participation as a condition of its CoC funded program and attaches documentation of its service participation requirements.
- ✓ Our organization certifies, if applicable, the provision of *educational* supports and services for children ages 0-5, such as Public Pre-K, Head Start, Child Care (including Child Care and Development Fund), or home visiting (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) (family and youth projects).
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Libby Bennett, Executive Director
Groundworks Collaborative

7/22/2026

DATE

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Projects: **Grant # VT0077; VSHA CoC-PSH "Shelter+Care" RENEWAL and EXPANSION PROJECTS**

Project Type: **Permanent Supportive Housing**

Anticipated Grant Term: **12/1/27 – 11/30/28**

We agree/certify the following as a requirement to operate CoC-Permanent Supportive Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

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- ✓ Our organization is not debarred, suspended, proposed for debarment, or voluntarily excluded from doing business with the federal government.
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Taylor Morley

Taylor Morley, Executive Director
Counseling Service of Addison County

DATE July 15, 2025

FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Projects: **Grant # VT0087; VSHA CoC-PSH "A Way Home-AWH"**

Grant # VT0077; VSHA CoC-PSH "Shelter+Care"

Project Type: **Permanent Supportive Housing**

Anticipated Grant Term: **12/1/27 – 11/30/28**

We agree/certify the following as a requirement to operate CoC-Permanent Supportive Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

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Paul Dragon

7.16.26

Paul Dragon, Executive Director

DATE

Champlain Valley Office of Economic Opportunity



FY26 CoC Program Grant NOFO - Program Agreement

Grant Applicant/Recipient: **Vermont State Housing Authority**

Name of Projects: **Grant # VT0077; VSHA CoC-PSH "Shelter+Care" RENEWAL and EXPANSION PROJECTS**

Project Type: **Permanent Supportive Housing**

Anticipated Grant Term: **12/1/27 – 11/30/28**

We agree/certify the following as a requirement to operate CoC-Permanent Supportive Housing in accordance with FFY2026 CoC Program NOFO requirement and federal regulations:

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A handwritten signature in black ink, appearing to be "Hilary Melton", written over a horizontal line.

Hilary Melton, Executive Director 07.10.26
Pathways Vermont



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

Attachment Cover Sheet

1. Approach to Encampments Procedure Brattleboro
2. Montpelier City Encampment Policy
3. 10 Point Public Safety Action Plan Framework
4. Situation Table Description



TOWN OF BRATTLEBORO

Town Manager's Office
230 Main Street, Suite 208
Brattleboro, VT 05301
Phone (802) 251-8151
FAX (802) 257-2322
www.brattleboro.org

The Town of Brattleboro is committed to providing as safe a public environment as possible for the entire community. Just like other communities throughout Vermont and the US, Brattleboro is experiencing an increase in visible homelessness. As we see the hotel program wind down, it is expected that we could see an increase in unauthorized encampments on public property. Such encampments often pose significant public safety and health concerns for the occupants and the community as a whole, as they create challenges related to human waste, garbage, communicable diseases, violence, and other health and safety concerns. Many communities throughout the region are grappling with this same issue; Burlington, for example, is in the process of dismantling and clearing out multiple encampments. Other communities around the country have been sued and ordered by courts to remove encampments.

Camping on town property is prohibited. That said, we must establish a hierarchy of the importance we place on cleaning up various areas in town so that emergency services can triage their response to them. Finally, when taking enforcement action, we must always incorporate an attempt at the delivery of appropriate social services.

A. When Determining How to Triage Response to Identified Encampments

1. Our overarching goal is to provide for a safe environment for the community as a whole, whether or not a person is experiencing homelessness:
 - a. This does not necessarily mean we will be able to provide a safe environment for every single person in the community.
 - b. We recognize that the activities of some people may be the cause of unsafe environments.
 - c. We recognize that some people choose to live in an unsafe environment or not to receive social services.
2. Identifying and dealing with those whose behavior is creating unsafe environments is an important part of maintaining broader community safety.
3. Organizational collaboration is a key to creating and maintaining a safe community.
4. The Town of Brattleboro uses a "Zone" designation to begin triaging the clean-up of encampments. Those in Zone 1 will be addressed first, then Zone 2, and so forth. Higher Zones will be triaged accordingly as resources allow. Additionally, enhanced public safety or health concerns at an encampment in any Zone level may cause it to be triaged earlier than it would be otherwise.

- a. Zone 1 are areas with three or more of the following concerns:
 - i. signs of significant wastewater, sewage, or refuse;
 - ii. signs of outside burning, propane tanks, or flammable materials;
 - iii. inadequate water drainage, flooding, or steep, inaccessible slopes;
 - iv. evidence from alcohol or any illegal drugs; and
 - v. any other hazards that pose an immediate danger to life and health.
- b. Zone 2 are areas with two of the concerns above.
- c. Zone 3 are areas with one of the concerns above.
- d. Zone 4 are other areas on Town property.

B. Procedure for Responses to Reports or Discoveries of Encampments

The following is an outline of how to handle responses to encampment locations. Depending on the public safety concerns identified by the Town or the property owner, this process may be anywhere from immediate to a planned event over a defined length of time.

1. A town official (any town employee) determines that there is an encampment.
2. The town (usually a health officer) utilizes a standardized inspection checklist (attached) to determine the priority for removal.
 - a. if removal is not a high priority, the encampment will be left and monitored for changes as necessary.
3. If removal is needed:
 - a. Town notifies Groundworks and their staff meets with the person to attempt to get them to voluntarily move and to assist them in moving.
 - b. PSW (perhaps with an officer) meets with the person to advise them they need to move.
 - c. PD assists DPW or Recreation and Parks in removing encampment (various social services representatives may be on scene if safe to do so).
 - d. Recovered personal property (other than hazardous materials) will be stored for 14 days.
 - i. The town has no obligation to store hazardous property (Ex: a needle strewn tent or textiles with biohazard material) or property that may become hazardous during storage (ex: wet textiles).
 - ii. Items such as shopping carts, wooden structures, pallets, etc. are not considered personal property.
 - iii. The town will make a good-faith effort to determine what items to store and what items to dispose of.

- iv. The town will post a dated notice at the encampment (if unoccupied) that the recovered items will be stored for 14 days before being disposed of. The notice will also advise where to go to retrieve those items.
- e. People will not be trespassed from Town property unless they are committing criminal acts that require protection for the public or Town staff.
- f. People may be immediately trespassed from private property if requested by the property owner.
- g. Nothing in this procedure stops the town from immediately removing any hazardous materials, garbage, debris, litter, illegally possessed items, or other waste from any encampment.

C. Overall Goals for Guiding This Work

The following overall goals will be used to guide this work:

1. People experiencing homelessness are connected to social services.
2. Access to public property and public infrastructure is not impeded.
3. Crime and disorder are reduced especially in priority areas.
4. Crews can safely access critical infrastructure on public property.
5. Waterways are kept free of contamination.
6. Visitors to public property report that they feel safe and welcome.

Encampment/Shelter Inspection Checklist

This checklist is intended as an aid to identify lower priority encampment or shelter areas on property owned by the Town of Brattleboro or to notify private property owners of encampment or shelter activity.

All checklists must be returned to the Brattleboro Fire Department and recorded with the Brattleboro Town Health Officer.

Registration Information:

Encampment/Shelter Location: _____ GPS Coordinates: _____

Present # of occupants: _____ Town Property: YES / NO Private Property Owner Notified: YES / NO

Name of occupant(s) _____

Site Requirements:

Any requirement marked as “No” will result in the removal of the encampment or shelter.

Town of Brattleboro Requirements:	Yes / No	“Yes” means requirements are met. Relate comments to “No” responses.
Grounds are substantially free of wastewater, sewage, and refuse.		
Grounds free of any signs of outside burning, propane tanks, or flammable materials.		
Adequate water drainage on site, no flooding during occupancy, or no steep inaccessible access.		
Grounds free of evidence from alcohol or any illegal drugs.		
Free of evidence of any other hazards that pose an immediate danger to life and health.		

Signature of Fire or Police Officer

Date



**CITY OF MONTPELIER
ENCAMPMENT RESPONSE POLICY
Council Approved September 22, 2021
Council Approved Amendment October 09, 2024
Council Approved Amendment August 13, 2025**

**CITY OF MONTPELIER
ENCAMPMENT RESPONSE POLICY:
Part I. HIGH SENSITIVITY AREAS**

Policy Summary:

The City of Montpelier and its staff shall take a general non-involvement approach to any found emergency sleeping camp sites, with the particular lens of not criminalizing people creating shelter due to a lack of housing. Staff will intervene and ask encampments to relocate if they are found in “high-sensitivity areas” meeting specific health and safety criteria as outlined in this policy. Staff shall offer to connect people sleeping in “high-sensitivity areas” to any available overnight shelters (a public or private shelter, with an available overnight space, for an individual experiencing homelessness, at no charge).

This Policy Aims To:

1. Establish criteria for determining “high-sensitivity areas,” where encampments are presumed to cause unreasonably high levels of health and safety impacts due to the nature of the location;
2. Emphasize the continued illegality of emergency sleeping encampments, except during times when shelter space is full.

High-Sensitivity Areas:

“High-sensitivity areas” are locations where the health and safety impacts of encampments have a heightened potential to degrade public safety, public health, environmental protection, or critical infrastructure or have the potential to create significant obstruction to residences, businesses, emergency routes, and rights-of-ways.

These areas include public facilities where the presence of encampments could disrupt environmentally sensitive areas, City operations, School operations, and/or present a health or

safety concern to City Staff, School Staff, or Montpelier residents using the facilities. They may also be areas that present significant safety concerns for those who are sleeping.

An encampment in an area that meets this definition is in a per se “high sensitivity area.” In addition to this definition, City Staff shall use any of the following factors for determining whether an encampment is located in a “high-sensitivity area”:

- ***Public health factors:***

- Confirmed case of infectious disease(s) present at encampment;
- Excessive animal or vermin vector hazards (e.g., rats) present at encampment;
- Presence of biological vector hazards (e.g., blood, fecal matter) present at encampment;
- Camping on or encroachment of the grounds of a facility tied to public health (e.g., water treatment or water resource recovery facility) where such activity is interfering or likely to interfere with the operations, integrity, or public health obligations of the facility;
- Notice of public health emergency at a site of an encampment declared by a local, state, or federal public health entity present at encampment; or
- Need for cleaning or restoration, at the encampment site, as identified by City staff.

- ***Public safety factors:***

- Location of an encampment at or on ground adjoining a school, childcare facility, adult day-care facility, or other public facility with serving a young or vulnerable population;
- Location of encampment is on privately owned land and the City has been requested to intervene;

- Location of encampment is on public land where individuals have a private easement or ownership interest or where the City owes a duty to maintain said lands in perpetual care to the benefit or partial benefit of private individuals (i.e. City cemeteries);
- Location is within 50 feet of the property boundaries of private property (unless adjoining owner consents); Montpelier water treatment facility, Montpelier water resource recovery facility, or Montpelier-Roxbury School District property;
- Individual is a registered sex offender and the location is in violation of his or her on-going terms of probation, parole, or release;
- Location of encampment obstructs or impedes the right-of-way, lane of traffic, bike lane, hydrant, or ADA access;
- Location of encampment such that First Responders (including, but not limited to, Fire, Police, and any health care workers), are impeded in performing their essential government functions;
- Pervasive criminal activity present at encampment;
- Damage to essential infrastructure (e.g., reservoirs, bridges, public utilities, drainage and sewer systems) present at encampment;
- Excessive amounts of waste/garbage/debris as determined by City Staff present at encampment;
- Excessive fire hazards and/or calls for service as determined by Fire and/or Police, including unpermitted outside fires present at encampment;
- Presence of open electrical splices or illegal wiring present at encampment; or

- Storage of tires, gasoline, or propane tanks, and unsafe storage of combustible materials or accumulation of combustible waste present at encampment.

- ***Environmental protection factors:***
 - Location of encampment is in an area that is protected, deemed sensitive, or protected from development by federal, state, or local law, such as a wetland, vernal pool, or steep slope;
 - The Location of the encampment is within a federal, state, or locally recognized wildlife habitat area;
 - The Location of the encampment is interfering with a park, wilderness environment or wildlife habitat;
 - The Location of the encampment is in an area where there is concern with erosion;
 - The Location obstructs or impedes an established outdoor activity or use, such as mountain biking or hiking;
 - Location is an area that the Parks Commission, City Staff, or the Conservation Commission have deemed to be environmentally sensitive or fragile; or
 - There is evidence of impairment of a natural resource(s) as a result of the encampment.

Purpose of Designation:

Any designation or action taken under this policy is not intended to penalize an individual found camping under emergency circumstances. Rather this designation is to

prioritize the removal and relocation of such individuals in recognition of the public health, public safety, and/or environmental protection issues implicated by the site or circumstances.

Nothing in this policy is intended to permit or affirmatively allow individuals to camp or locate a campsite on public property owned by, controlled by, or within the boundaries of the City of Montpelier. This policy is intended to address emergency situations where individuals without other resources have been left with no other option apart from camping.

The City recognizes that individuals in these emergency circumstances may not know or be aware that they are siting an encampment in a high sensitivity area. The purpose of this designation and policy is, in part, to educate and assist such individuals in connecting with community services and/or relocating to a site that will not implicate the factors listed above. This policy shall at all times be interpreted and implemented in a manner that affords dignity and care to the individual being asked to move or relocate.

City Intervention:

Encampments determined to be in “high-sensitivity areas” will be subject to intervention, and asked to move or relocate, given their potential degradation to the environment, public safety, public health, or critical infrastructure and/or their presence being an obstruction to egress or presenting specific safety risks.

CITY OF MONTPELIER
ENCAMPMENT RESPONSE POLICY:

Part II. CITY STAFF PROTOCOL

Summary:

Staff shall report any seen encampments, regardless of their location, to the City Manager's Office who will in turn report the location to the Peer Support Outreach Worker (currently through Good Samaritan Haven) to ensure emergency sleepers can be accounted for in case of an emergency, and to ensure service providers are aware of people who may need connection to further support services.

This Section Aims To:

1. Determine findings that will prompt intervention; and
2. Provide guidance on addressing unreasonable health and safety risks, promoting voluntary compliance, and strategies to address non-compliance.

General City Approach if Staff Encounters an Emergency Sleeping Encampment on

City Owned Property:

- If a City staff member identifies an encampment, regardless of its location on City land, they are asked to leave the campsite alone, other than reporting its location and site description to the City Manager's Office, the Police Department, Fire/EMS, Parks, and their Department Director via email.
 - Copy the following on the email: City Manager, Assistant City Manager, Chief of Police, and Deputy Chief of Police.
- After receiving a report of an encampment, the City Manager's Office will notify the Peer Support Outreach Worker (currently through Good Samaritan Haven).

- This email should note the location, site description, and if the site will require mitigation or other action from the City. This would include whether the site has been identified as a “high-sensitivity area.”
- After receiving a report that a camp is located in a “high-sensitivity area” or if the encampment will prompt an intervention the City Manager’s Office coordinates the response as outlined in this policy’s **“Compliance”** section.
- Further outlines for intervention to any campsite is outlined in this policy under **“Findings Prompting Intervention”**.

If a campsite is deemed uninhabited by City Staff, Staff will apply the **“Unattended Camp Clean-Up Protocol Policy”**, which is attached here as **APPENDIX 1**.

General Public Safety Considerations:

- If there are any public safety emergencies requiring a fire, medical, and/or police response at any encampments, it is to be immediately reported to 911, and those departments shall respond according to the ordinances, codes, statutes, and/or regulations under which they operate and are authorized to enforce.
- Regarding public safety considerations that are not necessarily public safety emergencies (e.g. accumulation of trash/debris, right-of-way obstructions, distancing of tents/vehicles/structures, etc.), the City Manager’s Office, in consultation with Department Directors from Public Works, Fire, Police, Parks the Health Officer, and City Council as needed, shall determine the level of intervention depending on specific findings, outlined here in the **“Findings Prompting City Interventions”** section.
- The City will aim to help facilitate public safety by adding trashcans and sharps containers at known encampment sites as needed and available, as determined by findings outlined in the **“APPENDIX 2: City of Montpelier Encampment Response”** UPDATED for each specific situation.

- Departments that are most likely to interact with camps (Parks & Trees, Recreation, Police, Fire, and DPW) will be given copies of the Washington County Survival Guide, which can be distributed as needed to encourage connection to County-wide resources.

Compliance:

The City must balance the rights of individuals who are emergency sleeping against its fundamental duty to maintain public safety, public health, and environmental protection. If a City staff member encounters or receives a complaint of an encampment that may be in a high-sensitivity area or have public health or safety findings, they will notify their department director, and the City Manager's Office.

The City Manager's Office and public safety departments will organize the following response:

- Staff will only engage with campsites when social service agencies are normally open and available (typically 8am-5pm)
- Staff will ask the camper to relocate voluntarily and make an effort to connect campers with appropriate partner agencies, if in a, "High Sensitivity Area," City Staff will provide notice to relocate along with the Washington County Survivor's Guide. Every effort will be made to connect campers with appropriate partner agencies for local services as available from state and local community agencies.
- If the encampment residents are unwilling or unable to voluntarily comply, the City may intervene in ways, including but not limited to:
 - Seek out restorative justice opportunities as appropriate and available sleeping
 - Posting the area against Trespassing and having the individuals cited and/or removed in coordination with the State's Attorney
- City staff will also convene an after-action meeting to determine how we can improve our response.



**CITY OF MONTPELIER
ENCAMPMENT RESPONSE POLICY
Council Approved September 22, 2021
Council Approved Amendment October 09 ,2024
Council Approved Amendment August 13, 2025**

Except when urgent health and safety concerns require shorter notice, encampment residents will be given 24 hours to relocation or accept an offer of shelter or alternative housing if such referrals are available. All declinations will be documented.

Outreach efforts and service offers will continue, as resources allow, with the goal of ending the individual's unsheltered status. During this 24-hour period, encampment residents will receive notice that they must remove and relocate any personal possessions. Anything remaining after that time will be subject to the retention policy outlined in the ***"APPENDIX 1: Unattended Camp Clean-Up Protocol Policy"***.

APPENDIX 1: Unattended Camp Clean-Up Protocol Policy

Summary:

When City of Montpelier Staff encounters an unattended camp site on City owned land, the City Staff will take the following steps to both ensure the safety and security of the individual(s) and the public land. This policy aims to address the unique needs of people who are experiencing homelessness in the City of Montpelier with the City's overall responsibilities to keep public land protected.

In this policy, "Staff" refers to staff from the department who manages the land an unattended campsite is located on (for example, the Parks & Trees Department would handle camp sites in Hubbard Park). If the land is not maintained by any specific Departments, the City Manager's office, in partnership with the Montpelier Department of Public Works would address the issue.

If an unattended camp site is in a "high-sensitivity" area, as defined in the Encampment Response Policy, the same protocol applies. If not in a "high-sensitivity" area, a 3-day (72-hour) time limit for relocation or clean-up may be considered, based on public health conditions.

Procedure:

1. When staff encounter an unattended campsite, they will first announce themselves as City Staff. If no one is present at the campsite, staff will leave a packet prominently displayed on the encampment that includes the following information:
 - a. That sleeping is not permitted in High-Sensitivity Areas of City Property or on Privately owned land (without permission from owner),
 - b. The time/date staff visited, and the time/date that staff will return to the site to remove the encampment, which will be 24 hours after the initial visit, unless contact has been made and other arrangements have been made,



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- c. A note will be left explaining that any materials taken in the cleaning of the encampment will be stored out of the elements and labeled if the material is not removed during the 24 hour time limit,
 - d. A copy of the Washington County Survival Guide and other supportive materials.
 2. Staff will take photos of the encampment, including proof that the notice has been left within the incident report filed with the Police Department. Staff should attach these photos in an email and send them to their Supervisor and their Department Director.
 3. After leaving the notice, staff will notify the Montpelier Police Department and the City Manager's office of the encampment, its location, its contents.
 4. After notification, if the encampment has not been removed, staff will take the following steps:
 - a. Take a photo of the encampment before beginning cleaning
 - b. Leave a notice explaining the above, giving contact information about how to reach the Department to retrieve the items, and leave another copy of the Washington County Survival Guide. Staff will assign the box a number and write the number on the notice
 - c. Remove the encampment and bring it back to 203 Country Club Road to be stored for 30 days
 - d. Take a photo after the encampment has been removed
 - e. Notify the City Manager's Office that the encampment has been dismantled,
 - f. **ALL** salvaged items, will be brought to and stored at 203 Country Club Road Montpelier, VT 05602
 5. Unclaimed Property- Disposal of:
 - a. When personal property has been in the custody and possession of the City of Montpelier for a period of 30 days, and when reasonable efforts and



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opportunities have been allowed for the owner to reclaim such property, and no reasonable claim of ownership has been made, the City is empowered and authorized to dispose of such property. Disposal may also include donation of the items.

Contact Numbers:

Good Samaritan: (802) 479-2294

Another Way: (802) 229-0920

Washington County Mental Health: (802) 479-4055

Montpelier Police: (802) 223-3445

Montpelier Parks: (802) 223-7335

Montpelier Recreation: (802) 225-8699

Montpelier City Manager's Office: (802) 223-9502 or (802) 262-6250

Montpelier DPW: (802) 223-9508



**CITY OF MONTPELIER
ENCAMPMENT RESPONSE POLICY
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APPENDIX 2: City of Montpelier Encampment Response ~~Form~~

Date: _____ Time: _____

Hello,

The area that you are camping in is identified as a “High Sensitivity Area” per Montpelier City Policy.

You are required to relocate your camp and personal property within 24 hours, and this site will then be cleaned up.

If you are unable to remove your property, a cleanup team will remove it and store property that is deemed in usable condition for a period of 30 days at an offsite location.

For assistance with relocation or temporary housing and to arrange pick up of your stored property please contact the Good Samaritan Haven at 815-714-8686.

We have included a copy of the Washington County Mental Health Survivors Guide to assist with additional resources available to you.

Sincerely,

City of Montpelier’s Health and Public Safety Team

Public Safety Enhancement & Violence Reduction
10-Point Action Plan Framework

OVERVIEW

A statewide workforce crisis, coupled with various social and public policy factors, have resulted in a spike in criminal activity, particularly drug-related violent crime. These trends are negatively impacting the public safety and welfare of the state.

Governor Scott has directed the commissioner of Public Safety and other agency and department executives – in partnership with other law enforcement entities, prosecutors, and the judiciary – to implement the following 10-point plan to:

- Reinforce frontline law enforcement capacity and prioritize immediate reduction, prevention and prosecution of violent crime statewide.
- Expand prosecution capacity and help the courts address their backlog of cases.
- Prioritize long-term violence prevention policies, systems, and services.

The Governor has further directed the commissioner of Public Safety to convene all local, state, and federal law enforcement agencies as soon as possible to:

- Share all available intelligence and data to develop a shared understanding of the statewide public safety environment.
- Allocate additional assets to the statewide effort.
- Strengthen, and work closely together to continuously improve, the intelligence-driven response necessary to ensure public safety and reduce violent crime.

REINFORCE FRONTLINE PUBLIC SAFETY CAPACITY & PRIORITIZE REDUCTION, PREVENTION & PROSECUTION OF VIOLENT CRIME STATEWIDE

1. **Prioritize VSP Mutual Aid** – The Vermont State Police (VSP) has been, and will remain, available 24-hours a day, 7-days a week and 365-days a year for call outs to assist with large cases, special teams and specific circumstances. VSP will preserve its ability to support local law enforcement agencies by responding to incidents that exceed local capacity. Recent examples include special teams' collaboration, crime scene processing, major crimes investigations and use of the VSP Critical Action Team to support municipal partners, upon request.
2. **Shift Special Teams Troopers to Coordinate with Federal ATF Task Force** – Special teams troopers will be temporarily assigned to coordinate with federal partners, and municipal police departments as necessary, to help confront, stop and prosecute the surge in gun and drug related criminal activity. As noted above, the State will also convene all local, state, and federal law enforcement agencies to develop a shared understanding of the statewide public safety environment and strengthen the intelligence and data-driven response to reduce violent crime this plan is intended to achieve.
3. **Better Align & Deploy State Law Enforcement Resources** – To improve coordination and operational efficiency across State law enforcement assets – including Vermont State Police, Department of Motor Vehicles, Agency of Natural Resources, and the Department of Liquor

and Lottery – the Governor has directed senior leaders to meet weekly to address operational needs and to identify specific and actionable ways to enhance statewide law enforcement operations and response. This has already resulted in improved coordination and efficiency of routine patrols on highways and state lands, and of investigations related to crimes on state lands, fraud investigations, accidental shootings, animal cruelty cases and DUI crash investigations.

4. **Augment the State Law Enforcement Workforce** – While law enforcement organizations work to fill the increasing number of vacant positions, the State will invite recently retired law enforcement officers to temporarily return to service to help confront public safety needs. There are almost 100 retired sworn law enforcement officers from across the State enterprise who are below the mandatory retirement age. VSP will begin by contacting retirees to assess their interest in temporary assignments for the purpose of augmenting special teams and backfilling vacancies on a temporary basis to address the most immediate service needs of Vermonters. Retirees would be assigned based on their skill set, experience and interest. Temporary duty would not impact their retirement benefits.

EXPAND PROSECUTION CAPACITY & HELP THE COURTS ELIMINATE THEIR BACKLOG

5. **Coordinate with the Attorney General to Facilitate Effective Allocation of Prosecutorial Resources** – The Office of the Attorney General (AGO) will facilitate effective allocation of prosecutorial resources as needed across the State. The AGO, in cooperation and collaboration with the Office of State Attorneys and Sheriffs, will assign prosecutors to focus on and facilitate prosecution of major crimes statewide, including all levels of violence associated with drug and human trafficking.
6. **Work with the Judiciary to Eliminate a Backlog of Cases** – Several factors, including the pandemic and available resources, have contributed to backlogs across the 14-county criminal court system. The judicial branch must eliminate this backlog and process cases in a timelier manner to ensure the swift delivery of justice to which all Vermonters are entitled. This will continue to require open and sustained communications with the executive branch and the public. While there are process improvements that can only be made by the Judiciary – such as continuing to expand the number and type of proceedings in the courthouses, implementing procedural improvements and resuming some pre-pandemic processes – the courts have identified the intersection of some processes with executive branch agencies, including the Department of Corrections, the Department of Children and Families and the Department of Mental Health, that could be streamlined. The Governor has directed these departments to implement process changes to facilitate court proceedings.

PRIORITIZE LONG-TERM VIOLENCE PREVENTION POLICIES, SYSTEMS & SERVICES

7. **Expand the role of the Fusion Center (Vermont Intelligence Center (VIC))** – The Department of Public Safety will work to expand the VIC into a statewide crime center to monitor and report, in real-time, on serious and violent crime for the most effective deployment of limited resources and to analyze crime data and trends for reporting to stakeholders, policymakers and the public. This step is essential to having effective situational awareness and will require some

reorganization and the addition of analysts. Additional support from federal agencies and the Vermont Legislature may also be required.

8. Apply Vermont's Pandemic Response Model to Public Safety, Social Services & Mental Health

– As it did in its nation-leading pandemic response, State government must measure activity and respond in real-time, identify causal factors and take action to prevent crime and better serve the vulnerable. The Governor has directed relevant state agencies/departments with public safety, social service, substance abuse prevention and treatment, and mental health missions to meet at least weekly to identify and track hot spots, repeat offenders and others known to law enforcement and social service providers. Their objective will be to swiftly deploy needed interventions and/or services, and to actively disrupt patterns and prevent interactions with the criminal justice system. This strategy acknowledges violent crime is often a symptom of misguided policies and/or inadequate coordination between programs and systems.

9. Reconstitute the Violence Prevention Taskforce by Executive Order – To bring focus and clarity to a longer-term prevention strategy that prioritizes early interventions for children and families, the Governor will establish the Violence Prevention Taskforce (VPT). The VPT will be composed of senior executive branch officials appointed by the Governor and responsible for implementation of specific and measurable community violence prevention policies across state government, with an emphasis on preventing gun crimes in schools and in community settings. This taskforce is advisory to the Governor, and will report regularly to him on its view of the effectiveness of violence prevention policy; coordinate violence prevention policy implementation across state government; identify needed reform of existing laws that do not adequately holding offenders accountable in order to deter violent crimes; and coordinate federal funding opportunities to better prevent suicide and community violence, facilitate better use of ERPO implementation/enhancements and significantly improve school safety and school violence prevention.

10. Appoint a Director of Violence Prevention – To lead the work of the Violence Prevention Taskforce (VPT), the Governor will appoint a new Director of Violence Prevention. This appointee will report directly to the Office of the Governor and be responsible for ensuring the VPT is achieving real results. The Director will also work with the Agency of Education and school safety teams to expand the use of behavioral risk assessments in schools; develop a plan to ensure every school is using and updating assessment tools; and develop a streamlined response and reporting system for threats. The Director will also work with the Attorney General, the States' Attorneys and Sheriffs and the departments of health and mental health to maximize the use of ERPO laws statewide, among other responsibilities.

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Comparison: Situation Table vs. Adult Local Interagency Team (LIT) vs. Children's Local Interagency vs Accountable Communities for Health (ACH)

Overview

Vermont's care coordination landscape includes a number of group convenings that vary slightly by region and are aimed at improving individual and community well-being. The Situation Table works alongside the Adult Local Interagency Teams (LITs), Children's LITs, and Accountable Communities for Health. Each plays a distinct role within the broader system of support and contributes to a team-based ecosystem that includes rapid response, long-term coordination, system improvement, and information sharing.

Similarities

- Cross-agency/organization collaboration: All meetings bring together multiple service providers (health, housing, social services, law enforcement, etc.) to coordinate care at an individual or system for complex cases or situations.
- Focus on client well-being, system improvements and collaboration: Each aims to improve outcomes for communities through coordinated, timely interventions, and information sharing

Key Differences

Feature	Situation Table	Adult LIT	Children's LIT	Accountable Community for Health (Community collaboratives)
Purpose	Rapid intervention to prevent imminent risk or harm ("Acutely Elevated Risk"). Quickly identified outreach team. Does not replace case management.	Collaborative planning for ongoing or complex service coordination needs	Problem solve around <i>Coordinated Services Plans (CSPs)</i> , address local service system needs, and support interagency collaboration under <i>Act 264</i> .	Addressing the medical and non-medical needs that affect health outcomes, including social, economic, and behavioral factors. Information sharing & Networking, Programmatic changes & updates

Feature	Situation Table	Adult LIT	Children's LIT	Accountable Community for Health (Community collaboratives)
Reason for referral	Identified crisis or pre-crisis situation requiring immediate multi-agency action	Case complexity, service gaps, or coordination barriers identified by providers	Any member of a local CSP team including family members can refer to LIT when broader solutions, additional supports, or higher levels of care recommendations are needed.	N/A
Meeting frequency	Usually weekly or bi-weekly to ensure quick response	Regularly scheduled (monthly/quarterly) or as needed	Set locally, typically once per month	Determined locally and typically monthly- may have subcommittees to address specific topics
Facilitation	Often facilitated by a neutral agency (e.g., law enforcement, DOC, Community org/agency, hospital)	Facilitated by AHS Field Service Directors	A LIT makes the determination of who should chair or co-chair the team. Meetings should include a <i>facilitator</i> and <i>notetaker</i> ; an agenda should be prepared and distributed in advance.	Blueprint Program Manager (can be shared with FSD or other key community partner)
Data tracking/system	Uses Cordata's software and Four-Filter model to screen and document cases	Uses LIT case presentation forms, no data system for tracking	There is no data system for tracking, however, each region manages how to track the number of CSPs that occur in their region each year.	HSA level data
Attendance	Often direct service providers, law enforcement, and emergency responders	Direct service provider, mid-level management & Supervisors and the client when appropriate	Includes mental health, developmental disability, DCF-FSD, special education, parent representative, and AHS Field Director. May add other local partners (e.g., DOC, DOL, Substance Use, CDD/CIS).	Health & Human services organizations, hospitals, community health teams, other community partners.

Feature	Situation Table	Adult LIT	Children's LIT	Accountable Community for Health (Community collaboratives)
Client consent process	Discussed anonymously until risk confirmed, then consent obtained for outreach	Requires signed LIT-specific release of information prior to discussion	Families participate directly; LITs utilize the CSP consent form to obtain and document consent.	N/A
Outcome focus	Short-term, rapid response and connection to appropriate services, lower risk, team formation	Longer-term coordination, systems improvement, team consultation, shared car plan and State Interagency Team Referrals (as needed)	Stronger coordination, effective service delivery, and systemic problem-solving for children, youth and families.	Coordination for current health care reform initiatives and investments being made in the local HSAs. Distribution/sharing of information & relationships/connections

1D-1 Local Competition Scoring Tool

Cover Sheet

1. 2026 VT BoS CoC New Project Scoring Rubric
2. 2026 CoC NOFO Renewal Evaluation Tool

Category	Score Value	Full Points	Half points	No points
Organizational Experience and Capacity (20)				
Organization's history and experience providing services to the target population (s) you propose to serve. Include specifics like past or current grants serving this population and other concrete evidence of experience with the target population.	4	Clear history of serving pop; at least 5 years of experience	Clear history of serving pop; less than 5 years of experience	Org has not served target pop OR is extremely vague / difficult to determine
Organization's experience with providing this type of housing and/or service model. Include specifics about lessons learned in housing and/or service provision.	4	Clear history of operating similar service model; at least 5 years of experience	Clear history of operating similar service model; less than 5 years of experience	Org has not operated similar service model OR is extremely vague / difficult to determine
<u>Provide 2-3 examples of your organization's experience managing federal, state, or local grants of similar size and scope, describing the grant outcomes and impact. Prioritize federal or state grants in the selected examples. **Include attachment (e.g., screen shot) documenting final grant spenddown (amount and percentage) for the last complete grant year for each grant offered as an example.</u>	6	2 examples demonstrate final grant spenddown of 90%+, with no examples less than 80%	2 examples demonstrate final grant spenddown of 80%+, with no examples less than 70%	Examples not provided; OR show spenddown lower than 80%
<u>Describe your organization's financial management systems, policies and processes that ensure accountability and compliance. Include a description of financial management staff capacity and position turnover/vacancy over the past 3 years.</u>	6	Response demonstrates that the org uses accepted accounting principles and has internal controls, with at least one dedicated financial staff person who has been in the position for 3+ years	Response demonstrates that the org uses accepted accounting principles and has internal controls, with no more than 1 turnover or period of vacancy in last 3 years	Response does not demonstrate that accepted accounting principles or internal controls are used; OR more than 1 turnover or period of vacancy in last 3 years
Project Type				
Indicate whether you will apply for PSH, RRH (DV Bonus only), TH, Street Outreach, Supportive Services Only Standalone, or Coordinated Entry (DV Bonus only)	Information Only	N/A	N/A	N/A
Target Population and Geography (10)				
Describe the target population and geographic area that will be served. Include a description of whether the project will include households who meet Category 1, 2 and/or 4 of the federal homeless definition.	Information Only	N/A	N/A	N/A
Provide evidence that the target population represents a significant need within the geography. Evidence can be either of the following. ONLY SCORE ONE				
Size of need: Target population experiencing homelessness / Total population experiencing homelessness (cite population numbers from the Chittenden County CE Report – May 2026 as evidence); OR	10	Response demonstrates that target pop CE numbers are significant and outpace other populations and clearly cites CE report as evidence. Category 2 may not receive full points unless the target pop is formerly homeless.	Response demonstrates that target pop CE numbers warrant a project and clearly cites CE report as evidence. May include Category 2 but not exclusively.	Target pop CE numbers show such a low volume of need that the project doesn't seem warranted; OR response does not address CE numbers; OR proposal is only to serve Category 2, without accounting for Cat 1
Acuity or persistence of need: Describe persistent and/or severe barriers that the target population faces in gaining and maintaining permanent housing.	10	Well-documented, concrete description of barriers the target pop faces using other sources of data to tell the story of need. Response demonstrates that these barriers are unique to this pop . Category 2 may not receive full points unless the target pop is formerly homeless.	Well-documented, concrete description of barriers the target pop faces. Response is less descriptive and/or does not use other data to tell the story. May include Category 2 but not exclusively.	Response is vague or unresponsive to the question; OR proposal is only to serve Category 2, without accounting for Cat 1.
Program Design (10)				
How many households will be served over the course of the grant period?	Information only	N/A	N/A	N/A

How long is the proposed grant period? 12, 18, 24, 36, 42, 48, 60 months (select)	Information only	N/A	N/A	N/A
Response should address ONE of the following:	ONLY SCORE ONE	N/A	N/A	N/A
If serving households with minor children or youth , describe the concrete plan for providing childcare at the times and frequency needed to support adults to gain or maintain employment.	10	Response demonstrates specific plan that clearly addresses the needs of the target pop	Plan makes sense for the target pop but lacks specifics	Response is vague or unresponsive to the question; OR plan doesn't match pop.
If serving households with a range of disabilities , describe the constellation of services and service partners that meet the spectrum of needs.	10	Response demonstrates specific plan that clearly addresses the needs of the target pop	Plan makes sense for the target pop but lacks specifics	Response is vague or unresponsive to the question; OR plan doesn't match pop.
If serving households with heads of household age 18+ and do not have disabilities that prevent employment , describe the concrete plan for supporting those adults to seek education, training, certification, and employment.	10	Response demonstrates specific plan that clearly addresses the needs of the target pop	Plan makes sense for the target pop but lacks specifics	Response is vague or unresponsive to the question; OR plan doesn't match pop.
PSH Program Design (20)				
Configuration of units/facility. If single site, list site owner and applicant's relationship to site (leasing, renting).	5	Site-based project	Scattered site units	Unresponsive to question or too vague to determine
Commit to regular in-home visits for at least the first six months post-move-in, with a plan for ongoing tenancy support.	7	Plan clearly indicates how in-home visits are used to drive services	Response indicates commitment but without any concreteness	Unresponsive to question or too vague to determine; OR no stated commitment
Apply for CoC service funding as a Supportive Service budget line item to augment matched services or demonstrate significant (50%+) leveraged services.	4	Supportive services = 30%+ of total budget requested; OR Budget demonstrates 50%+ leverage of supportive services	Requested budget includes only leveraged supportive services totaling 25-49% of total grant budget.	Unresponsive to question or too vague to determine; OR budget only includes 25% match in services
Work directly with landlords to mitigate tenancy risks and concerns.	4	Plan demonstrates an understanding of landlord concerns with concrete descriptions of how the project will work with landlords to mitigate.	Plan indicates willingness and commitment to work with landlords but without any specific description of what that work will look like.	Unresponsive to question or too vague to determine; OR not willing to work with landlords.
RRH Program Design (20)				
Configuration of units/facility	Verify scattered site	N/A	N/A	N/A
Demonstrate funding (CoC or matched/leveraged) specifically for housing navigation services.	4	Included in budget	N/A	Not included in budget
Commit to at least monthly meetings with each participant to plan for ongoing housing stability following RRH exit at or before 24 months.	4	Staffing structure (as outlined in budget) clearly supports at least monthly meetings AND project commits to monthly structure	Project commits to monthly structure, not super clear from budget whether staffing realistically supports implementation	Project does not commit, is unresponsive to question or too vague to determine.
Have written standards addressing how they will determine how long a particular project participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time.	4	Already has and uses written standards	Is developing written standards	Does not have and not working on written standards
Have written standards addressing how they will determine what percentage, or amount, of rent and utilities costs each project participant must pay, if any, while receiving rapid re-housing assistance.	4	Already has and uses written standards	Is developing written standards	Does not have and not working on written standards

Types of services and assistance offered ensure participants are able to be self-sufficient and exit homelessness, with emphasis on employment income increases.	4	Plan for employment income is specific about actual trade/career opportunities, including who the project partners with, and how the project supports participants to have conditions for success, e.g., transportation, childcare, and/or supported employment for persons with disabilities.	Plan describes specific partners but does not specify what the project's role is in the partnership, or how it will help people begin, endure and complete the necessary activities to earn more job-based income.	Plan does not indicate a partnership already in place with a workforce/employment partner; response is too vague to determine; or unresponsive to the question
TH Program Design (20)				
Configuration of units/facility. If single site, list site owner and applicant's relationship to site (leasing, renting).	Information only	N/A	N/A	N/A
Demonstrate funding (CoC-funded or leveraged) specifically for housing navigation services.	5	Included in budget	N/A	Not included in budget
Commit to the creation and use of housing plans with each participant that begin no later than 30 days from program enrollment.	5	Staffing structure (as outlined in budget) and caseloads realistically support the development and use of housing plans within 30 days of enrollment AND project commits to doing so	Project commits to housing plans within 30 days, not super clear from budget whether staffing supports	Project does not commit, is unresponsive to question or too vague to determine.
Demonstrate the capacity and plan to provide individualized services that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps or with a developmental disability. Each participant will have a services plan with goals around health and wellness, housing stability, and increased employment income.	10	Plan offers creative ways to realistically meet the 20 hour/week HUD service requirement, and, together, the staffing structure (leveraged and requested budget) and leveraged community offerings (library classes, free community wellness courses, etc.) realistically support plan.	Plan offers creative ways to meet the HUD requirement, but it isn't clear how the project will actually implement the plan. Needs more detail.	Plan offers boilerplate responses with no apparent connection to or understanding of local resources; or is too vague to determine; or is unresponsive to the question.
SSO-Street Outreach Program Design (20)				
Closely partner with Parks department(s), police department(s), or other first responders to coordinate outreach activities, including but not limited to co-locating Street Outreach staff with partner agency(s).	8	Response clearly details the shape and scope of the partnership and what each partner provides to the partnership and to participants. Includes information about how frontline staff interact with each other.	Response describes the shape and scope of the partnership but does not provide specifics about who does what.	Response does not indicate a partnership already in place; response is too vague to determine; or unresponsive to the question
Connect unsheltered persons to Coordinated Entry and temporary shelter.	5	Response details who does what to connect people to CE, and to connect them to shelter, including how they find shelter beds.	Response indicates connections but without specifics	Does not connect people; response is too vague to determine; or unresponsive to the question
Assist unsheltered persons to access mainstream resources, e.g., Medicare, Medicaid, SNAP, SSI (if describing referrals-based access, provide evidence that the organizations/agencies receiving referrals will accept them in a timely fashion).	5	Response details who works on benefits connections and which benefits are supported, as well as quality, e.g., how long it takes to process various benefits, and if referral-based, that a high percentage of referrals are accepted and processed in a reasonable time.	Response details who works on benefits connections, and which benefits are supported but no additional details about quality of support.	Does not assist people; response is too vague to determine; or unresponsive to the question
Assist unsheltered persons to establish a reliable mailing address where they can receive benefits and other correspondence.	2	Project identifies a day center or other space where unsheltered persons can receive mail.	N/A	Project does not identify; response is too vague to determine; or unresponsive to the question.
SSO Standalone Program Design (20)				

Addresses barriers to obtaining or maintaining housing (SUD, unemployment, childcare) and increasing self-sufficiency, and will conduct annual assessments of service needs.	10	Project describes the key barriers faced by the target population and provides a clear plan of evidence-based, best, and/or innovative practices to overcome barriers (5); AND staffing structure and leveraged community resources realistically support plan implementation (5)	Project describes the key barriers faced by the target population and provides a plan to overcome barriers (5); but lacks staffing detail to support implementation (0)	Project does not offer a strategy; response is too vague to determine; or unresponsive to the question.
Has a strategy to engage people who have historically not engaged with services.	10	Project describes the characteristics of those who have not historically engaged with services and provides a well-reasoned strategy to engage those persons (5); AND staffing structure and leveraged community resources realistically support plan implementation (5)	Project describes the characteristics of those who have not historically engaged with services and provides a well-reasoned strategy to engage those persons (5) but lacks staffing detail to support implementation (0)	Project does not offer a strategy; response is too vague to determine; or unresponsive to the question.
Partnerships for Success (20)				
Describe and document all formal partnerships with other agencies that support the primary applicant to meet one or more of the following priorities. It is NOT expected that a project would have partnerships that meet most/all of the priorities below. Rather, the partnerships that are documented should explicitly tie to the program design and overall project objectives. - Provision of onsite substance use treatment services - Provision of offsite substance use treatment services - Connection to inpatient substance use treatment beds - Provision of behavioral health services (onsite or offsite) - Connection to education, job training, and employment services - Provision of housing search and navigation services - Provision of housing tenancy support services - Connection to mainstream resources such as Medicare, Medicaid, SNAP, SSI, and state or local General Assistance - Connection to faith communities and other community support structures (mentoring, volunteering, etc.) - Provision of economic self-sufficiency and financial empowerment services - Connection to higher levels of care - Connection to medical care - Connection to childcare	20	Partnerships listed: 1. Are documented with MOU, MOA, or other written documentation (5); 2. Clearly, coherently, and completely meet the target population's multiple needs (10); 3. Pull in at least two other agencies (5).	Partnerships listed: 1. Do not yet have an MOU or MOA (2.5) 2. Describe how partnerships meet clients' needs but lack details that paint a clear, coherent, and complete picture (5) 3. Pull in at least one other agency (2.5)	Project does not describe partnerships; response is too vague to determine; or unresponsive to the question.
Plan for Permanent Housing (20)				
Describe how participants will be supported to obtain permanent housing. Be specific about concrete activities and timeline for housing-related efforts. <i>If the project is designed to connect participants with higher levels of care, indicate where/by whom the higher levels of care are provided and the concrete plan to connect participants.</i>	12	1. Plan is well-reasoned (4); 2. Plan describes concrete services and supports (4)** ** If connecting to higher levels of care, there is a plan with partner providers of higher levels of care and a commitment to accept referrals 3. Budget and/or match reflects housing navigation staffing (4)	1-2. Plan is understandable, references services and supports but lacks enough detail to inspire confidence in the applicant's ability to execute (4-6) 3. Budget and/or match does not reflect housing navigation staffing (0)	Project does not describe how housing is obtained; response is too vague to determine; or unresponsive to the question.
Describe how participants will be supported to maintain permanent housing. Be specific about the level and quality of supports, including how often participants are engaged.	8	Housing retention services 1. Participants are engaged at least monthly (4) 2. Supports are rooted in evidence-based or best practices (2) 3. Supports address common/key barriers that the target population has in retaining housing (2)	Housing retention services 1. Participants are engaged less than monthly (2) 2. Supports address common tenancy issues but lacks specificity about the target pop's barriers (1); 3. No reference to or evidence of being rooted in evidence-based or best practices but the practices still make sense practically (1)	Project does not describe how housing is maintained; response is too vague to determine; or unresponsive to the question.

Budget, Match and Additional Leverage (5 Bonus Points Available)				
Detailed CoC project annual budget covering all Budget Line Items using the standard budget template for direct or indirect costs.	Use budget to calculate cost per HH in Program Design	N/A	N/A	N/A
Sources and amounts of leverage – provide documentation of all leverage, both cash and in-kind.	Verify documentation	N/A	N/A	N/A
The budget is required to match 25% of the grant, with emphasis on housing or healthcare leverage. *Note that leasing budget lines are not included in the grant's match calculation. For more information, see HUD's materials on match .	Verify at least 25%. If total leverage >= 50%, award 5 bonus points	50%+	N/A	<50%
Each source and amount of leverage must be accompanied by a letter from the partnering entity.	Verify letters are present	N/A	N/A	N/A

2026 CoC NOFO Renewal Evaluation Tool

PART A Threshold. Must pass all threshold criteria to be eligible for renewal		
<i>All Renewal projects must pass threshold, including HMIS and SSO-Coordinated Entry</i>		
1. Project applicant confirms they do not have outstanding delinquent federal debt <i>(all projects)</i>	YES	NO
2. Project applicant confirms they are not debarred; suspended; proposed for debarment, or voluntarily excluded from doing business with the federal government <i>(all projects)</i>	YES	NO
3. Project applicant has no outstanding HUD monitoring findings <i>(all projects)</i>	YES	NO
4. Project applicant agrees to require service participation as a condition of its CoC funded program and attaches documentation of its service participation requirements <i>(HMIS and SSOs not subject to this threshold)</i>	YES	NO
5. If project serves family or youth, applicant certifies that they have a written agreement or indicate capacity to have one by August 26, 2026, with educational supports and services for children ages 0-5, such as Public Pre-K, Head Start, Child Care (including Child Care and Development Fund), or home visiting (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) <i>(family and youth projects)</i>	YES	NO
6. Project applicant certifies that it will not engage in illegal discrimination including illegal racial preferences. <i>(all projects)</i>	YES	NO
7. 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. This is consistent with the objectives outlined in Section III.B above and is consistent with the requirements of 2 CFR 200.300(a). <i>(all projects)</i>	YES	NO
8. Applicant uploads screenshots or other evidence of at least quarterly eloccs drawdowns for their most recent completed grant year. <i>(all projects)</i>	YES	NO
If any Answers are No - then FAIL	PASS	FAIL

PART B Performance Factors		
1. Project spent down what percentage of its CoC grant (eloccs last complete grant cycle)	All Project Types	20 = 85%+ 15 = 75 - 84% 10 = 65 - 74% 5 = 55 - 64% 0 = <55%
2. Project unit utilization (most recent APR)	PSH TH	10 = 85%+ 5 = 75 - 84% 0 = < 75%
3. Project served what percentage of the number of households it proposed to serve (most recent APR vs corresponding application)	PSH, RRH, TH, SSO, SSO-SO	10 = 90%+ 5 = 70-89% 0 = <70%
4. What percentage of households served by the project exited to a permanent destination (most recent APR)	RRH TH SSO	10 = 80%+ 7 = 60-79% 2 = 45-59% 0 = <45%
5. What percentage of adults served by the project had gained earned income at exit or annual assessment (most recent APR)	PSH RRH TH	10 = 20%+ 7 = 12-19% 2 = 5-11% 0 = <5%
6. What percentage of households served by the project increased enrollment in non-cash benefits (Medicare, Medicaid, SSI, SNAP) at exit or annual assessment (most recent APR)	PSH, RRH, TH, SSO-SO	10 = 20%+ 7 = 15 - 19% 2 = 10 - 14% 0 = <10%
7. What percentage of enrolled households retained their housing or exited to PH during the project performance period (most recent APR)	PSH	10 = 95%+ 7 = 90 - 94% 2 = 85 - 89% 0 = <85%
8. What percentage of households exited the project to a homeless destination (most recent APR)	PSH, RRH, TH, SSO	10 = <5% 7 = 5-10% 2 = 11-15% 0 = 16%+
9. What percentage of households exited the project to an unknown destination (most recent APR)	PSH, RRH, TH, SSO, SSO-SO	10 = <5% 7 = 5 - 10% 2 = 11 - 15% 0 = 16%+
Total Available Points for PSH	90	Score = Total points / Available points
Total Available Points for RRH	80	
Total Available Points for HMIS and SSO-CE	20	
Total Available Points for SSO-SO	50	
Total Available Points for TH	90	
Total Available Points for SSO	60	

1D-2c. Local Competition Selection Results

Attachment Coversheet

1. VT-500 - VT BoSCoC FY2026 CoC Program Project Ranking Sept. 21, 2026

TIER 1 PROJECTS ACCEPTED

Applicant Name	Project Type	Project Name	Amount Requested from HUD	Score	Rank
Washington County Mental Health Services	RRH	Recovery and Reentry Rapid Rehousing	\$439,678	81%	1
NewStory Center, Inc.	RRH	NewStory Center Rapid Rehousing	\$171,019	59%	2
Vermont State Housing Authority	PSH	VSHA CoC-PSH (PTH) FY24	\$1,668,533	49%	3
Brattleboro Housing Authority	PSH	BraHA2024	\$192,334	30%	4
Groundworks Collaborative, Inc	SSO-SO	ReachOutWorks	\$138,756	30%	5
Vermont State Housing Authority	PSH	VSHA CoC-PSH ("AWH") FY24	\$759,956	16%	6
State of Vermont	SSO-CE	Coordinated Entry Partnership Combined	\$952,609	N/A	7
Institute for Community Alliances	HMIS	Vermont BoS HMIS	\$ 124,168	N/A	8
		TIER 1 Subtotal	\$4,447,053		\$0

TIER 2 PROJECTS ACCEPTED	Project Type	Project Name	Accepted Amount	Score	Rank
Elevate Youth Services, Inc.	TH	New Transitional Housing	\$935,035	84%	9
Elevate Youth Services, Inc.	SSO	New Supportive Services Only Standalone	\$229,485	80%	10
Vermont State Housing Authority	TH	VSHA COC-TRANSITIONAL HOUSING ("VSHA COC-TH")	\$2,014,350	94.0%	11

Groundworks	SSO-SO	REACHOUT WORKS EXPANSION	\$263,487	91.5%	12
Lamoille Community House	SSO-SO	Lamoille Street Outreach Team	\$91,346	72%	13
Vermont State Housing Authority	PSH	VSHA EXPANSION VT0077	\$542,762	94.5%	14
		Tier 2 without DV Bonus subtotal	\$4,076,465		
NewStory Center	TH	Transitional Housing Project	\$215,936	100%	15
Umbrella	RRH	Umbrella Rapid Rehousing Program	\$148,765	92%	16
		DV Bonus subtotal	\$364,701		\$240,202

OTHER PROJECTS ACCEPTED

HHAV	Planning	FY26 VT BoS Planning Grant	\$370,588
		Other subtotal	\$370,588

TOTAL HUD REQUEST			\$9,258,807
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REJECTED or REDUCED PROJECTS

Applicant Name	Project Type	Project Name	Rejected or Reduced Amount	Score	Rank
Vermont State Housing Authority	PSH	VSHA CoC-PSH ("AWH") FY24	\$37,923	16%	6
Vermont State Housing Authority	PSH	VSHA EXPANSION VT0077	\$349,486	94.5%	14

REDUCED PROJECT AMOUNTS - VOLUNTARY REALLOCATION

Applicant Name	Project Type	Project Name	Rejected or Reduced Amount
Vermont State Housing Authority	PSH	VSHA CoC-PSH ("S+C") FY24	\$1,035,461
Brattleboro Housing Authority	PSH	BraHA2024	\$150,000
Vermont State Housing Authority	PSH	VSHA CoC-PSH ("AWH - Rural") FY22	\$558,162
Subtotal			\$1,743,623

New/Renew/Expand/ Reallocate	Tier
Renewal	1
Renewal	1
Renewal	1
Renewal - Partial Reallocation	1
Renewal	1
Renewal - Reduced	1
Renewal	1
Renewal	1

New/Renew/Expand/ Reallocate	Tier
Replacement	2
Replacement	2
New	2

Expansion	2
New	2
Expansion	2
New	2
New	2

FUNDING TYPE - FY26	AMOUNT
Tier 1	\$4,447,053
Tier 2 (Remaining ARD + CoC Bonus + DV Bonus)	\$4,681,368
Planning	\$370,588
TOTAL AVAILABLE	\$9,499,009
TOTAL APPLIED FOR	\$9,258,807

Estimated ARD Report Numbers	
\$4,447,053	Tier1
\$2,964,702	Remaining ARD
\$1,111,763	CoC Bonus
\$604,903	DV Bonus

\$370,588 CoC Planning

2A-8b. HDx Competition Report

Attachment Cover Sheet

1. 2026 Competition Report VT-500 Vermont Balance of State CoC

2026 HDX Competition Report

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

To Print this Workbook:

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

To Save This Workbook as a PDF:

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

On Accessibility, Navigability, and Printability:

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

For Questions:

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

2025 HDX Competition Report

2026 Competition Report - Summary

VT-500 - Vermont Balance of State CoC

HDX Data Submission Participation Information

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

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

VT-500 - Vermont Balance of State CoC

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

LSA Usability Status 2025

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

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,461	146.7	92.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,576	151.3	98.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,607	535.7	281.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,723	524.3	280.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

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

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

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	31	1	3.2%	2	6.5%	0	0.0%	3	9.7%
Exit was from ES	271	11	4.1%	5	1.9%	9	3.3%	25	9.2%
Exit was from TH	37	2	5.4%	2	5.4%	2	5.4%	6	16.2%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	180	0	0.0%	3	1.7%	4	2.2%	7	3.9%
TOTAL Returns to Homelessness	519	14	2.7%	12	2.3%	15	2.9%	41	7.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,582
Emergency Shelter Total	1,467
Safe Haven Total	0
Transitional Housing Total	121

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	114
Number of adults with increased earned income	5
Percentage of adults who increased earned income	4.4%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	114
Number of adults with increased non-employment cash income	64
Percentage of adults who increased non-employment cash income	56.1%

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

Metric	Value
Universe: Number of adults (system stayers)	114
Number of adults with increased total income	68
Percentage of adults who increased total income	59.7%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	87
Number of adults who exited with increased earned income	3
Percentage of adults who increased earned income	3.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

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

Metric	Value
Universe: Number of adults who exited (system leavers)	87
Number of adults who exited with increased non-employment cash income	16
Percentage of adults who increased non-employment cash income	18.4%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	87
Number of adults who exited with increased total income	17
Percentage of adults who increased total income	19.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

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

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

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,214
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	265
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	949

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,527
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	368
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,159

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	187
Of persons above, those who exited to temporary & some institutional destinations	25
Of the persons above, those who exited to permanent housing destinations	28
% Successful exits	28.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

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

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,299
Of the persons above, those who exited to permanent housing destinations	592
% Successful exits	45.6%

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

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	216
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	195
% Successful exits/retention	90.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

VT-500 - Vermont Balance of State CoC

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

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,477	122	295	673	263
Total Leavers (HMIS)	1,095	70	78	290	137
Destination of Don't Know, Refused, or Missing (HMIS)	195	7	5	43	38
Destination Error Rate (Calculated)	17.8%	10.0%	6.4%	14.8%	27.7%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

VT-500 - Vermont Balance of State CoC

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

Notes For Each SPM Measure

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

2025 HDX Competition Report

2026 Competition Report - HIC Summary

VT-500 - Vermont Balance of State CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	725	578	578	0	578	100.0%
SH	0	0	0	0	0	NA
TH	94	65	69	0	69	94.2%
RRH	436	297	420	0	420	70.7%
PSH	382	196	382	0	382	51.3%
OPH	81	0	81	81	0	NA
Total	1,718	1,136	1,530	81	1,449	78.4%

2025 HDX Competition Report

2026 Competition Report

VT-500 - Vermont Balance of S

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	725	147	147	0	147	100.00%
SH	0	0	0	0	0	NA
TH	94	25	25	0	25	100.00%
RRH	436	16	16	0	16	100.00%
PSH	382	0	0	0	0	NA
OPH	81	0	0	0	0	NA
Total	1,718	188	188	0	188	100.00%

2025 HDX Competition Report

2026 Competition Report

VT-500 - Vermont Balance of S

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	725	725	725	100.00%
SH	0	0	0	NA
TH	94	90	94	95.74%
RRH	436	313	436	71.79%
PSH	382	196	382	51.31%
OPH	81	0	0	NA
Total	1,718	1,324	1,637	80.88%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

VT-500 - Vermont Balance of State CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

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

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

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

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

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

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

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

2025 HDX Competition Report

2026 Competition Report - PIT Summary

VT-500 - Vermont Balance of State CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/26	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	2,498	2,271	2,211
Safe Haven Total	0	0	0
Transitional Housing Total	69	58	70
Total Sheltered Count	2,567	2,329	2,281
Total Unsheltered Count	80	231	171
Total Sheltered and Unsheltered Count*	2,647	2,560	2,452

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

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

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	674	648	629
Total Unsheltered Count	6	78	92
Total	680	726	721

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

Attachment Coversheet

1. HUD-2996

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

Type or clearly print the following information.

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

Applicant Organization:

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).

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.”

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

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

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

Estimated Funding Allocations

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

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

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

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

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

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

Certification of Authorized Representative for the Applicant:

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

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

Prefix: _____ First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Title: _____ Organization: _____

Signature: Molly Davis Shimko Date: _____

3A-DP: Your CoC's Policy or Statement to Advance Recovery

Attachment Coversheet

1. VT Balance of State Continuum of Care Drug Use and Distribution Policy, approved by Board July 2026

Vermont Balance of State Continuum of Care –Drug Use and Distribution Policy

Purpose: The U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program encourages Continuums of Care to prioritize projects that provide the treatment and services people need to recover and regain self-sufficiency including on-site behavioral health treatment, robust wraparound supportive services, and services participation requirements. VTBoS partners with treatment and recovery providers across Vermont to ensure that anyone struggling with substance use disorder has access to treatment options and sober housing environments where they can continue their recovery.

Drug Use and Distribution: All CoC-funded housing projects will not operate drug injection or safe consumption sites, knowingly distribute drug paraphernalia on or off property under their control, knowingly permit the use or distribution of illicit drugs on property under their control or conduct any of these activities under the pretext of “harm reduction.”

Remedies: If found to be in violation of this policy, CoC-funded housing projects will receive a formal letter from the CoC Board, coupled with technical assistance from the Collaborative Applicant to reformulate the project’s policies and/or practices to ensure alignment with CoC policy.