FY2026 Continuum of Care Renewal Project Application Required Documents Checklist

Due Wednesday, July 15, 2026, By 12:00 p.m. (PT)

The following documents along with this checklist must be attached and submitted with the FY2026 CoC Renewal Project Application.

Agency Name: _____

Project Name: _____

- ☐ **Exhibit 5: Project Information Form**
  - ☐ **Attachment 1:** Certification of Consistency in the Consolidated Plan[1]
  - ☐ **Attachment 2:** Environmental Review[2] – Limited Scope Environmental Review Form, Environmental Review of Categorically Excluded Not Subject to Section 58.5, Environmental Clearance Letter, or signed Environmental Review documentation
  - ☐ **Attachment 3:** 25% Match Documentation – including letters of cash commitment and/or in-kind Memorandum of Understanding (MOU)
- ☐ **Exhibit 6: Project Effectiveness**
- ☐ **Exhibit 7: Recovery and Supportive Service Participation**
  - ☐ **Attachment 4:** Supportive Services Agreement – this may include contract, occupancy agreement, lease or equivalent
- ☐ **HUD CoC Project Application (E-snaps and related attachments)**[3]

[1] Instructions for completing Attachment 1 can be found on the Orange County CoC NOFO webpage at https://ceo.oc.gov/fy2026cocnofo

[2] Environmental Reviews should be dated within the last five (5) years. Instructions for completing Attachment 2 can be found on the Orange County CoC NOFO webpage at https://ceo.oc.gov/fy2026cocnofo

[3] . If E-snaps application is not released before Renewal Project Application due date, an export of E-snaps and related attachments must be submitted for review no later than July 31, 2026, pending release of project application on E-snaps platform Detailed instructions on entering data into E-snaps will be uploaded onto the HUD website at a later date: https://www.hud.gov/hud-partners/coc-program-competition

EXHIBIT 5: PROJECT INFORMATION FORM

Agency Name: _____

Renewal Project Name: _____

Renewal Grant Amount: _____

Grant Term: _____

Program Type:

☐ Permanent Housing Project – Permanent Supportive Housing (PSH)
☐ Permanent Housing Project – Rapid Rehousing (RRH)
☐ Supportive Services Only (SSO) – Coordinated Entry System (CES)
☐ Joint Transitional Housing and Permanent Housing – Rapid Rehousing Project (Joint TH/PH-RRH)
☐ Homeless Management information System (HMIS)

1. **Is your agency considering any of the activities listed below that may impact the renewal project application? If so, select the activity below.**

☐ Voluntary Re-Allocation
☐ Consolidation Project
☐ Transition Project
☐ Not Applicable

   a. **If any of the activities were selected, please describe what your agency is considering for this project.**

2. **If your agency returned any funds in the last three (3) completed grant terms for this CoC Renewal Project, please provide a brief explanation detailing the reasons for the returned funds**

☐ Not applicable, project has not returned any funds

3. **Has the CoC Renewal Project been monitored by HUD in the last four (4) years?**

☐ Yes ☐ No

4. **If the CoC Renewal Project has been monitored by HUD in the last four (4) years, please provide a brief description of the result, inclusive of findings and the agency's response to the findings identified.**

   ☐ Not applicable, project has not been monitored by HUD in the last four (4) years

5. **Detail the match (cash and in-kind) your agency expects to provide for this CoC Renewal Project as part of the FY2026 CoC NOFO.** Match Requirements - All eligible funding costs, except leasing, must be matched with no less than 25% cash or in-kind contribution. Provide verification of 25% match and label the documents **Attachment 3**.

Total Commitment Amount		**Source(s)**
Cash	**In-Kind**	

6. **Describe your agency's policy and practices for terminating program participant assistance, if applicable.**

EXHIBIT 6: PROJECT EFFECTIVENESS

Agency Name: _____

Project Name: _____

1. **Please describe the household type (i.e. individuals, families) and/or subpopulation that the project serves, including whether the project serves people with physical and/or developmental disabilities, older adults, and other vulnerable populations. Include total number of households and participants to be served.**

2. **Please indicate the per household cost for the CoC Renewal Project by calculating the total grant amount divided by the total household served, as a straight math equation.**

Project Cost-Effectiveness	
Total Grant Amount	$
Total Households Served	
Per Household Cost[4]	$

3. **Please provide additional information as to how your agency calculated these household costs.**

4. **CoC Renewal Projects are required to submit an Annual Performance Report (APR)[5] electronically to HUD within 90 days from the end of every grant operating year. Did your agency submit the CoC Renewal Project's last APR on time?**

☐ Yes

☐ No

☐ Not Applicable, project has not completed a full operating year

[4] To calculate cost per household, divide the total grant amount by total households served.

[5] Sage CoC APR Guidebook: https://files.hudexchange.info/resources/documents/Sage-CoC-APR-Guidebook-for-CoC-Grant-Funded-Programs.pdf

5. **Did HUD identify any concerns with the last submitted APR? If so, please explain.**
   ☐ Not Applicable

6. **Please provide any additional information or context that would assist the CoC NOFO Ad Hoc in evaluating the CoC Renewal Project's Performance and Project Effectiveness, including but not limited to:**
   a. **Further details regarding the CoC Renewal Project's Data Quality and Project Performance Measures score. (i.e. if your agency scored lower on the Unit Utilization performance measure and would like to provide additional narrative context)**
   b. **An update related to project performance and/or detailed plan to ensure effective project implementation if the CoC Renewal Project has not yet completed a full grant term.**

EXHIBIT 7: RECOVERY AND SUPPORTIVE SERVICE PARTICIPATION

Agency Name: _____

Project Name: _____

1. **Describe your agency's service approach to program participants presenting with substance use, substance use disorders, and/or co-occurring substance use and mental health disorders.**

2. **Describe your agency's approach to engaging program participants in supportive service participation (e.g. case management, employment training, substance use disorder treatment).**

3. **The FY2026 CoC Program Notice of Funding Opportunity (NOFO) outlines the U.S. Department of Housing and Urban Development (HUD) priorities. Please respond by checking the appropriate box below for each item listed, to indicate how the CoC Renewal Project will align with HUD's identified priorities.**

	Description	Will Comply	Unable to Comply
1	Project Applicant will require program participants to engage in supportive services (e.g. case management, employment training, substance use disorder treatment), as demonstrated through supportive service agreements (e.g. contract, occupancy agreement, lease, or equivalent)		
2	Project Applicant will not require operations or services to comply with the Housing First model		
3	Project Applicant will not engage in illegal racial discrimination.		
4	Project Applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off property under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction."		

4. If unable to comply with any of the listed priorities, please provide further detail.