

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: NJ-501 - Bergen County CoC

1A-2. Collaborative Applicant Name: Bergen County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Bergen County

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	0
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	3

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

The CoC bylaws and contact information are posted on its website so interested parties can learn about membership and reach out with questions. Throughout the year, the CoC announces the membership process at CoC and non-CoC meetings. Monthly public notices and mailing list announcements make clear that CoC meetings are open to any agency or individual with knowledge of, or an interest in, assisting people experiencing homelessness. The CoC also extends individual invitations to partners it works with, including affordable housing developers.

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

The CoC advertises its meetings through its email list and website. At these meetings, individuals and organizations with expertise in addressing homelessness discuss key system barriers and strategies to address them. Meeting agendas include committee updates and time for partners to raise issues relevant to community needs, even if those issues are not on the agenda. The CoC's membership process is posted online in an accessible format so interested parties, including people with disabilities, can initiate the process at any time.

The CoC also invites stakeholders to participate in ad hoc and subcommittee work and engages elected officials and other stakeholders in strategy development as needed. Its Advisory Board of Persons with Lived Experience, a standing committee, provides insights and policy recommendations. Connections with community organizations inform discussions about approaches to preventing and ending homelessness. Several CoC members have also attended workshops and trainings offered by national partners, including NAEH and CSH.

Bergen County, the CoC Lead and a Consolidated Plan jurisdiction, regularly posts information concerning ESG, CDBG, and HOME for public comment. It solicits comments and holds public meetings to inform improvements in services for people experiencing homelessness.

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.
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(limit 2,500 characters)

On June 10, 2026, the CoC released its local request for proposals for projects seeking CoC Program funding and opened the application portal. That same day, the CoC announced the opportunity through several County mailing lists and posted it on the County website. The funding specifications shared with the announcement stated that nonprofit organizations, state and local governments, public housing agencies, and faith-based organizations could apply, even if they had not previously received CoC funding. New proposals are considered through the same process as all other proposals. The CoC Executive Committee evaluates them against HUD objectives, scores them, and votes on them.

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)

Data: Between the last two reporting years, the CoC Point-in-Time (PIT) data showed a 116% increase in chronic homelessness and a 12% increase in adults with severe mental illness.

The CoC's strategy to address the needs is to use CoC funding to:

1. Fund a SSO project serving people with severe mental illness that provides intensive case management and coordinated supportive services, specifically through connecting clients to behavioral health treatment, medical care, public benefits, employment and vocational services, life skills training, and permanent housing resources.
2. Partner with the NJ FamilyCare Housing Supports Program, which provides eligible Medicaid members requiring additional health support with a no-cost housing transition and tenancy-sustaining services that remove practical barriers to stability.

Quantifiable Performance Measures:

1. Provide comprehensive assessments, individualized service planning, referrals to housing providers, landlord engagement, benefits and entitlement enrollment, employment and income support, life skills development, transportation, referrals to healthcare, behavioral health, and other community-based resources to 16 individuals with severe mental illness.
2. Reduction in Chronic Homelessness: Decrease chronic homelessness by 5% in 24 months.

Funding Sources:

- HUD CoC Program Grant funds
- Medicaid 1115 Waiver

Implementation Timeline:

- Months 1–3: Release RFP and select SSO provider; begin integrating NJ FamilyCare Housing Supports Program assessment tool into CoC Coordinated Entry
- Months 4–6: Hire and train SSO case management staff; begin client intake and comprehensive assessments;
- Months 7–12: SSO project fully operational, serving individuals with severe mental illness through case management, benefits enrollment, and housing navigation; conduct first quarterly benchmark review.
- Months 13–18: Achieve service delivery target of 16 individuals with severe mental illness receiving comprehensive assessments and supportive services; monitor housing placement and retention outcomes.
- Months 19–24: Assess progress toward 5% reduction in chronic homelessness; Review Committee completes full-cycle evaluation and reports outcomes to CoC Governance Board.

Implementation Governance: The CoC Governance Board, through its Review Committee, is directly responsible for overseeing implementation, tracking quarterly benchmarks, and ensuring compliance.

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

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

1C. Coordination and Engagement

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

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	28%

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

(limit 2,500 characters)

N/A The CoC is not a rural CoC

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

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

(limit 2,500 characters)

New Hope Integrated Behavioral Healthcare is a statewide agency that treats adults and youth affected by substance use. Its services range from inpatient and long-term treatment to outpatient care. New Hope receives referrals from hospital social workers and case managers for patients who have sought detoxification services, as well as from advocates, family members, and individuals seeking services themselves.

New Hope works with community agencies, including CoC-affiliated housing providers, to obtain consent and coordinate care throughout treatment. For patients with housing needs, it makes referrals to sober living homes or transitional housing in the communities from which they were referred. During the transition to sober living, New Hope staff, house managers, and community agencies coordinate support with life skills, résumé development, and employment. They also connect individuals, as needed, to AA or NA, outpatient behavioral health counseling, case management, medication management, and other community services.

CarePlus provides outpatient mental health and substance use services at varying levels of intensity and connects people experiencing homelessness to its own services or community partners, as appropriate. Its services include individual and group counseling, psychiatric evaluation, medication management, treatment for co-occurring disorders, and psychosocial and case management supports. CarePlus NJ also provides crisis intervention, suicide prevention, access to psychiatric emergency and crisis response services, and recovery supports. Based on individual need, it offers peer support, care coordination, and referrals to higher or specialized levels of care.

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

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

(limit 2,500 characters)

The CoC partners with CarePlus NJ, which incorporates peer support and recovery-oriented services across its behavioral health continuum. Individuals served by the organization can access peer recovery specialists, peer support, and recovery navigation through CarePlus programs based on their individual needs, as well as through referrals to community-based recovery organizations and other partner agencies.

Peer and recovery supports can complement clinical and case management services by helping individuals engage in treatment, navigate behavioral health and substance-use services, develop recovery goals, strengthen natural and community supports, and maintain stability in the community. CarePlus staff can facilitate connections to these services through assessment, referral, care coordination, and ongoing collaboration among programs.

Case managers assess participants' behavioral health, substance-use, and recovery-support needs and can connect participants to CarePlus NJ's internal peer and recovery resources. When a needed service is not available internally or another program is more appropriate, case managers coordinate referrals to community peer recovery specialists, substance-use treatment providers, recovery programs, and other community partners.

CarePlus NJ's range of behavioral health programs and community partnerships allows individuals to access peer and recovery supports through multiple points of entry rather than relying on a single program or referral source.

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 Bergen County CoC identifies individuals who may have serious mental illness through coordinated entry, outreach, shelter and housing programs, behavioral health and community providers, and ongoing assessment by CoC partner agencies. The Housing Prioritization List (HPL) and regular HPL review meetings provide an additional opportunity for community partners to identify individuals with significant behavioral health needs, discuss barriers to housing and services, coordinate care, and connect individuals to appropriate resources.

CoC partners work collaboratively to connect individuals to the level of behavioral health care appropriate to their needs, including outreach, care coordination, psychiatric and substance-use treatment, crisis services, intensive case management, and higher levels of community-based care such as ACT when indicated. Coordination among shelters, hospitals, behavioral health providers, housing programs, outreach teams, and other community partners helps identify individuals who may otherwise have difficulty accessing or remaining engaged in treatment.

Behavioral health provider and CoC partners, like CarePlus NJ and Vantage health, contribute to this continuum by providing clinical assessment, outpatient mental health and substance-use treatment, psychiatric evaluation and medication management, crisis intervention, care coordination, intensive case management, outreach, and other community-based behavioral health services.

The CoC continues to work toward this through coordinated entry, HPL review and case conferencing, outreach, behavioral health partnerships, and collaboration among community providers, with the goal of identifying individuals at multiple points within the homelessness response system and connecting them to the appropriate level of care.

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

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

(limit 500 characters)

The CoC partners with CarePlus NJ, which operates an Assisted Outpatient Treatment (AOT) program. Through its Addiction Services Division, CarePlus also works with Recovery Court to provide substance use assessments and treatment, medication assisted treatment (MAT), drug testing, counseling, and ongoing recovery support for court involved individuals.

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)

CarePlus NJ (CPNJ) operates Assisted Outpatient Treatment (AOT) services, providing community-based treatment and support for individuals with serious mental illness who are involved with the AOT system.

CPNJ coordinates with its internal programs and community partners when participants are involved with these systems or need additional services. Case managers can assist with housing search and placement, benefits and financial resources, referrals, and care coordination. They can also communicate with treatment providers, courts, hospitals, and community providers to support housing stability.

For individuals transitioning from incarceration, inpatient psychiatric care, or civil commitment, CPNJ can work with the providers and systems involved to coordinate housing resources and community supports before and after discharge, whenever possible. Its broader behavioral health and addiction services can provide or coordinate psychiatric care, medication management, substance use treatment, crisis services, and other supports that help maintain continuity of care and reduce the risk of homelessness or housing loss.

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)

CarePlus (CP) is an active provider within Bergen County's crisis response system and operates several components of the local crisis continuum. CP operates the Bergen County Psychiatric Emergency Screening Program (PESP), including the 24/7 262-HELP crisis line & mobile psychiatric screening and crisis response services. CP also operates 988 Mobile Crisis Outreach Response Teams (MCORT), providing community-based crisis response and connection to appropriate behavioral health services.

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.	242

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

Yes

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

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

(limit 500 characters)

The CoC has formal partnerships with CarePlus and CBH Care (Comprehensive Behavioral Health Services), the Bergen County PATH provider in Hackensack. CarePlus offers mental health, substance use, crisis, care management, peer, and recovery services. CBH Care provides outreach, case management, and engagement for adults with serious mental illness who are homeless or at imminent risk, including targeted case management for homeless veterans.

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)

Greater Bergen Community Action Ladder Program

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)

CoC behavioral health, crisis, addiction, and care management programs can identify housing instability as part of ongoing assessment and service planning and help connect individuals to appropriate housing and homelessness-prevention resources before a situation progresses to homelessness. CoC partners, housing providers, shelters, housing authorities, and community-based prevention coordinate resources based on the individual's circumstances and eligibility.

For CoC-funded housing programs mentioned above, individuals must first be entered onto the Bergen County Housing Prioritization List (HPL) through the CoC's coordinated entry process, and providers receives referrals from the HPL based on eligibility and prioritization. Project staff can assist individuals with navigating this process and connecting with the appropriate access point when homelessness or housing instability is identified.

Warm handoffs may include direct communication with the receiving provider, assistance completing referrals and applications, coordination of appointments, sharing relevant information with appropriate consent, and follow-up to help ensure the individual successfully connects with the referred resource.

CarePlus can continue providing behavioral health, substance-use, crisis, or care management services while housing needs are being addressed, supporting continuity of care.

To help prevent homelessness, staff can also connect individuals and families to available rental and financial assistance, benefits, eviction-prevention resources, legal or advocacy services, and other community supports. Coordination between behavioral health providers, the CoC, housing programs, and community partners helps address housing instability alongside behavioral health needs and, when possible, intervene before an individual or family enters homelessness.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$7,557,933
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,693,369
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	22%
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.	\$2,143,325
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).	51%

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)

The Bergen County Division of Community Development is the only ESG recipient and Consolidated Plan jurisdiction within the CoC and also serves as the CoC Lead Agency. This structure provides for full integration and coordination between ESG and CoC planning. The CoC and ESG committees responsible for funding decisions include agencies that participate in the full CoC or its Leadership Committee.

Through this process, funding decisions for the Consolidated Plan, ESG, and CoC consider the full scope of community needs and how the resources can complement one another. This helps minimize gaps in the system and reduce overlap between ESG and CoC funding, as well as with outside funding sources.

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)

Within the Bergen County CoC, shelters and other community partner agencies coordinate through the Housing Prioritization List (HPL) and regular HPL review meetings. Shelters are an important point of access, and participating community partners can also complete HPL entries for individuals and families they serve who are experiencing homelessness. This gives households multiple ways to enter the coordinated housing process.

HPL review meetings bring together shelters, housing providers, outreach teams, behavioral health providers, and other CoC partners to review housing needs, discuss barriers, and coordinate access to available CoC housing resources based on eligibility and prioritization. Providers also work with one another and with the Bergen County Housing, Health and Human Services Center to coordinate behavioral health, substance use, case management, crisis, and other supportive services.

When a housing opportunity becomes available, the receiving provider coordinates with the referring provider to confirm eligibility and support the household's transition to permanent housing. This may include housing search and landlord engagement, help with documentation and applications, financial and move-in assistance, connections to benefits and community resources, and ongoing communication with shelter staff and other involved providers. Coordination continues through housing placement and stabilization.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The Bergen County CoC, through the Bergen County Division of Community Development as Collaborative Applicant and its HMIS support partner, Monarch Housing Associates, shares Point-in-Time (PIT), Housing Inventory Count (HIC), HMIS, and System Performance Measures (SPM) data with state and local government.

PIT, HIC, and SPM data are submitted annually to HUD and shared with the New Jersey Department of Community Affairs and the New Jersey Council on Homelessness to inform statewide policy and resource allocation. PIT results and performance trends are presented annually to the Bergen County Board of County Commissioners and the County Executive's Office to inform County budget and human services planning.

Aggregate, de-identified HMIS data are shared with Bergen County government departments to support integrated planning, consistent with HUD HMIS Data and Technical Standards. PIT results are also published for public and stakeholder review.

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)

CoC providers use information outside HMIS to support care coordination, service planning, and continuity of care across behavioral health, addiction, crisis, case management, and housing programs. Depending on the programs and services involved, this may include electronic health record (EHR) information; behavioral health assessments; psychiatric and medication information; treatment and service histories; crisis service utilization; hospital admission and discharge information; substance use treatment information; and information received from health care providers, courts, corrections, shelters, and other community partners.

Staff maintain required participant documentation in HMIS and their EHR and use other information to coordinate housing and services. This includes intake assessments, individualized service plans, progress notes, housing documentation, income and bank documentation for quarterly recertification, financial records, program outcome reports, Annual Performance Reports (APRs), and annual participant satisfaction surveys. Information received directly from participants, shelters, referring CoC partners, hospitals, treatment providers, and other involved systems may also inform housing placement, service coordination, and ongoing stability.

Information may be shared within an agency or across providers when appropriate and permitted to coordinate treatment and housing services, maintain continuity of care, and reduce duplication. Sharing is governed by releases of information, HMIS consent, confidentiality requirements, the HMIS User Agreement, and applicable privacy protections.

Privacy requirements, including HIPAA and additional protections for substance use treatment information, can limit sharing among housing providers, behavioral health providers, hospitals, courts, corrections, and other systems. Different electronic record systems and the absence of universal data sharing agreements can also delay information exchange. Continued development of secure, consent based information sharing processes across the CoC, health care, behavioral health, and justice systems could strengthen care coordination while protecting participant confidentiality.

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)

The CoC partners with the Bergen County Workforce Development Board and the Bergen County Job Center. The Job Center provides CoC program participants with job referrals, career counseling, resume and interview support, high school equivalency preparation, and specialized services for court-involved clients, veterans, and individuals with disabilities.

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)

Street outreach in the Bergen County CoC is a collaborative effort involving outreach providers, law enforcement, NJ Transit, and the Arrive Together Program. Law enforcement officials accompany outreach teams as needed to engage people experiencing homelessness. Law enforcement also contacts the CoC's outreach provider, Collaborative Support Programs of New Jersey (CSPNJ), and/or shelter providers directly to help connect individuals with housing and services. Officers from Crisis Intervention Training also regularly facilitate transportation to the County shelter. CSPNJ has developed special relationships with all law enforcement precincts in order to better serve and respond to the unhoused population. CSPNJ has a hotline they field calls from officers from and typically respond with them at a distance as they allow CSPNJ to engage first to begin a more successful and responsive interaction. Officers keep us up to date on any issues tagged may have previously occurred and we try to work together to connect the individuals to any service they may be interested in or eligible for. CSP finds a coordinated response works best and allows them to provide services in a much quicker way. It also helps to build trust between all parties.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC supports safe reunification with family and other support networks through individualized case management and care coordination. Staff help individuals identify appropriate family members or other natural supports, assess whether reunification is safe and appropriate, and assist with communication, planning, and connections to needed services. When a participant seeks to reunify with family or another support network outside the immediate area, staff can help coordinate behavioral health care, benefits, housing resources, and other services in the receiving community to support continuity of care and a safe transition. Case managers can explore reunification as a housing option when the participant identifies it as appropriate and safe. Staff can also help coordinate with family or other supports and arrange available transportation or other assistance when eligible and appropriate.

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)

Within the Bergen County CoC, homeless service providers, behavioral health agencies, outreach teams, shelters, and other community partners coordinate with law enforcement and first responders when people experiencing homelessness have public safety, behavioral health, or crisis related needs. This coordination helps connect individuals to appropriate shelter, housing, behavioral health, crisis, and community services while maintaining their access to the homelessness response system.

CoC providers support these efforts through behavioral health and crisis services, including 262-HELP and the Psychiatric Emergency Screening Program (PESP), as well as 988 Mobile Crisis Outreach Response Teams (MCORT). These services can work with law enforcement and other first responders to provide behavioral health assessments, crisis intervention and de-escalation, and connections to appropriate treatment and community services.

Staff also work with individuals involved with law enforcement, courts, hospitals, or other systems to maintain continuity of care and connections to housing and supportive services when appropriate. Involvement with public safety systems does not, by itself, prevent someone from accessing services. Eligibility, individual needs, safety considerations, and applicable program requirements guide service planning and housing assistance.

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)

Hackensack City Code § 117-7 closes City public parks from 9:00 p.m. to 6:00 a.m. This rule is one local practice relevant to overnight use of public space. Hackensack is also home to the Bergen County Housing, Health and Human Services Center, County offices, and many other social services, making coordination there particularly valuable. The CoC's existing relationships with CSPNJ, law enforcement, public transit, hospitals, and community advocates help identify people living in encampments and connect them with services. The CoC intends to strengthen communication with Hackensack officials and other agencies responsible for public property when encampments are identified. Where possible, earlier notice to outreach partners would give CSPNJ time to engage affected individuals, assess immediate needs, and offer connections to available shelter, housing resources, behavioral health care, and other services. If an occupied site must be cleared, the CoC's aim is to support referrals and follow-up so individuals remain connected to services after leaving the location. This approach respects local public property rules while seeking to reduce disruptions to outreach and housing engagement. Additionally, the CoC's outreach provider CSPNJ typically works hand in hand with officers, officials, and the state, typically giving a two notice for individuals to relocate/remove all items and work with services. This process has been very successful and helpful in working with individuals and again gaining trust and assistance with placement has also been beneficial when possible to facilitate relocation or sheltering elsewhere. The collaborative approach has saved both time and resources between the officers and our teams.

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

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

(limit 2,500 characters)

The CoC reports a relatively small number of encampments in Bergen County. When police encounter people living unsheltered, they respond promptly and help connect them to shelter, hospital services, and/or the hotline operated by the CoC's outreach provider, Collaborative Support Programs of New Jersey (CSPNJ).

CSPNJ has an outreach team currently working with other service providers on an emcapmemnt in the county, though they also report a decrease in these locations, especially since ICE has been more prevalent in the area.

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)

The CoC's current practice is to coordinate outreach, behavioral health services, and law enforcement when individuals are using illicit drugs in public. Children's Aid and Family Services' addiction program works with CoC partners to connect individuals with emergency assistance, mental health care, peer support, and emergency department services. The Hope One Van collaborates with outreach teams to provide substance use and mental health crisis resources. Partners promote awareness of the 988 crisis line, and law enforcement officers receive Crisis Intervention Training. These practices provide opportunities to connect individuals with appropriate services when public drug use is identified.

The CoC intends to build on these partnerships by strengthening communication among outreach teams, law enforcement, crisis responders, and treatment providers. When a person using illicit drugs in public is encountered, the CoC's aim is to support a timely connection to appropriate emergency care, behavioral health or substance use services, and housing resources as needed. If an enforcement response makes continued engagement difficult, outreach partners will seek to maintain contact and offer follow-up services when possible. The CoC has not identified a specific local ordinance or policy that restricts these referrals; it will work with local partners to identify and address any practice that creates a barrier to timely service connections.

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

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

(limit 2,500 characters)

The Bergen County Prosecutor's Office reported 93 suspected drug-related fatalities countywide in 2024, pending final review by the Office of the Chief State Medical Examiner. This figure includes overdoses across all settings; it is not a count of overdoses occurring outdoors or in other public spaces. The CoC outreach provider also reports more individuals drinking in public. The CoC has not identified published Bergen County data that separately quantify overdoses or illicit drug use in public spaces. As a result, the countywide figure provides context for the broader overdose crisis but cannot establish the current number of public-space incidents.

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)

New Jersey's emergency mental health screening process allows qualified professionals to evaluate a person who may be a danger to themselves, others, or property and determine the appropriate level of care. This provides the CoC, outreach teams, and first responders with a clinical pathway when an individual appears to need urgent intervention. CarePlus NJ's Bergen County Psychiatric Emergency Screening Program is available 24 hours a day, 365 days a year.

The CoC can use this established process through coordination among outreach staff, CarePlus NJ, law enforcement, hospitals, and homeless service providers. When a person appears to be in crisis, partners can seek an evaluation and coordinate access to housing and supportive services as appropriate. The need for a clinical assessment may limit how quickly a placement decision can be made; the CoC intends to maintain communication among the involved providers and support continuity of care during screening, treatment, and discharge. Decisions about involuntary commitment remain with the qualified professionals and courts responsible under New Jersey law.

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)

New Jersey's Megan's Law governs sex offender registration and notification. State law permits the Department of Human Services and county and municipal welfare agencies to access registration records for the specific purpose of placing homeless families and individuals in emergency shelter, including hotels and motels. This provides a lawful way to consider registration information during those placements. It does not give all CoC providers unrestricted access to or authority to distribute registry information.

For other housing and service coordination, the CoC intends to work through the appropriate law enforcement contacts and share location or registration information only as authorized. When CSPNJ receives an alert that a person seeking assistance is registered, it makes referrals to short-term assistance or rooming house options. The CoC will seek to maintain communication among CSPNJ, placement agencies, and law enforcement so that relevant location information can be addressed through lawful channels while individuals remain connected to available services.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC has multiple points of entry across Bergen County. Street outreach teams, Hope One, PATH, shelters, community-based providers, behavioral health agencies, hospitals, law enforcement, McKinney-Vento school liaisons, and other partners identify individuals and families experiencing homelessness and connect them with available resources. Outreach teams also connect people to Wellness Drop-In Centers, where they can access amenities such as hot meals, laundry, and showers. They seek to engage individuals who have not connected with a shelter.

Outreach efforts to identify both sheltered and unsheltered individuals feed into Coordinated Entry and the Housing Prioritization List (HPL), which prioritizes the most vulnerable households for assistance. CoC partners review the HPL regularly to coordinate referrals, address barriers, and connect households to available housing and services.

The CoC recognizes the need to improve access for individuals and families who are not connected to a service provider. A clear, accessible path into Coordinated Entry and the HPL will help ensure households throughout the County are not missed.

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)	No
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
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)	No

4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

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

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

(limit 2,500 characters)

To ensure individuals and families who become homeless are informed of their eligibility for educational services, our CoC Policies and Procedures state that as it is the intent of the Bergen County Continuum of Care to assist households experiencing homelessness to access housing and maximize independence to the greatest extent possible, all projects funded through the Continuum of Care must provide case management at the level most suited to household needs.

Projects serving families with children under the age of 18 must provide information to program participants regarding their rights and services available in regard to education supports. At least one program case manager must be equipped to work with households in connecting them to education services and programs as appropriate and/or connecting them to education support experts in the communities that can assist households in navigating education access during experiences with homelessness. The case manager will ensure the following when serving a family in a CoC-funded project:

- All school-aged youth remain enrolled in school during periods of homelessness and/or during the transition into permanent housing.
- The names of homeless school-aged youth are reported to the Regional Educational Services Commission.
- Inform homeless families of their children's educational rights under the McKinney-Vento Act and connect children with community services, including early childhood programs such as Head Start.
- All homeless families are connected to their LEA McKinney-Vento Homeless Liaison or other designated staff person identified by the LEA.

CoC funded projects must periodically work with enrolled households to develop individualized service plans (ISP). The ISP must include a component of assessing household connection to employment, educational services and training as well as participant interest in connecting to employment, training and volunteer opportunities. Participants indicating a desire to connect with employment, training and/or volunteer opportunities must be connected to appropriate community supports that can provide further assistance in helping participants meet their personal goals of education, employment and volunteerism.

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

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

(limit 2,500 characters)

The New Jersey Division of Children and Families (DCF) has local child welfare offices situated within each county in the state. The local offices are directly connected with the CoCs through a dedicated staff designee, Resource Development Specialist (RDS). The RDS and the assigned child welfare worker will coordinate supports to assist in stabilizing households, specifically with youth transitioning out of foster/public welfare placements, with access to permanent housing.

The Foster Youth Initiative program provides youth with long term housing vouchers and DCF has funded youth service providers statewide to provide housing navigation and supportive services to any youth in FYI or FUP vouchers. The NJDCF developed the Keeping Families Together program that provides long term case management and state rental assistance vouchers to families with children who have open child welfare cases and in need of housing supports, case management, linkage to substance abuse and recovery services.

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)

The CoC coordinates with Greater Bergen Community Action's (GBCA) PHASES program, a state-licensed Transitional Living Program serving homeless and runaway youth ages 16-21, operating under the County of Bergen's federal RHY grants.

Referral Integration: Youth identified through CES, school McKinney-Vento liaisons, juvenile justice, or community referrals are connected to PHASES for intake, with individualized case plans addressing education, employment, and life skills.

Youth-Specific Coordinated Entry: The CoC's CES includes a youth-specific track accounting for minors' and young adults' unique confidentiality considerations.

Transition Planning: As youth approach the program's age limit, GBCA case managers coordinate with CoC RRH/PSH providers for a warm hand-off into adult housing resources.

Data Sharing: PHASES enters client-level data into HMIS to ensure youth outcomes inform SPM and future resource planning.

Governance: The CoC's Youth Homelessness work group, including GBCA and Division of Family Guidance representatives, reviews youth-specific system gaps regularly.

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)

Care Plus NJ currently operates the Rapid Re-Housing for Families and Individuals (RRHFI) which serves families with children experiencing homelessness.

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

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

(limit 2,500 characters)

Families served by the program identified in 1C-13 receive assistance with increasing income and employment when identified as a goal. Case managers connect adult household members to Bergen County Board of Social Services employment services, the Bergen County Job Center, the Division of Vocational Rehabilitation Services (DVRS), temporary employment agencies, GED programs, and vocational, training, certification, and higher-education opportunities.

CarePlus NJ also offers employment and training opportunities through Care Plus Workforce Solutions (CPWS). CarePlus Foundation matching funds may also be available to support education, training, or professional certifications that can improve employment opportunities and earning potential.

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)

The program connects eligible families to mainstream benefits through the Bergen County Board of Social Services and other community providers. This includes WorkFirst New Jersey/TANF, SNAP, WIC, child-care assistance, unemployment benefits, Social Security benefits, Medicaid/Medicare, food assistance, and utility assistance. Case managers assist families with identifying available benefits, completing applications, and maintaining connections to these resources to support housing and financial stability.

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)

The program combines up to 24 months of rental assistance with security deposits, utility deposits, moving costs, housing search assistance, and individualized case management for families. Case managers connect families to child-care assistance, schools and educational programs, parenting and family-support services, pregnancy and maternal health care, pediatric health and dental care, enrichment programs, food and utility assistance, and other community resources based on individual family needs. When possible, families with school-age children are assisted with locating housing within their current school district to minimize disruption to their education.

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

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

(limit 500 characters)

The CoC partners with the Bergen County Division of Veterans Services, Community Hope, and the local VA office. When veterans are identified at the Bergen County Housing, Health and Human Services Center (BCHHH), staff send their information to Veterans Services with a signed release. Veterans Services checks VA eligibility and enrollment and coordinates with BCHHH to schedule appointments and collect documents needed to enroll eligible veterans who are not fully connected to VA services.

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

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

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

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

(limit 500 characters)

The Center for Hope and Safety (CHS), Bergen County's domestic violence agency, is an active CoC member. CHS serves on the Executive Committee and recommends policy adjustments as trends and needs emerge. The CoC Lead and community providers, including CHS, review system policies bi-annually to address survivors' needs. CHS also works with the Coordinated Entry Committee to provide training and support so the system addresses the specific needs of domestic violence survivors.

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

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

(limit 500 characters)

CarePlus NJ partners with courts, corrections, and community providers to prevent homelessness after release. Transition Services and TIEH support reentry, housing planning, benefits, behavioral health and substance use treatment. CarePlus operates Assisted Outpatient Treatment (AOT); its Addiction Services programs work with Recovery Court on assessment, treatment, MAT, counseling, drug testing, and recovery support. RRHFI coordinates housing assistance and supports for eligible participants.

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)

New Bridge Health

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)

PACE, is a Program of All-Inclusive Care for the Elderly. It is a Medicaid/Medicare program designed to help older adults get the care that they need in their homes/community. A PACE care team is made up of an 11-discipline interdisciplinary team providing multiple layers of support that enable people to live at home, with services designed around their needs and personal goals. PACE is both the healthcare provider and the insurance provider. In Bergen County, PACE was awarded to Welbe 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)

Vantage Health Systems Opening Doors Renewal

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)

- Residential staff engage residents where they live, build trusting relationships, and identify changes in behavior or functioning that may call for additional support.
- Staff help residents connect with Vantage's outpatient mental health, psychiatry, and co-occurring substance use services, and assist with appointments and follow-up. Participation in our onsite behavioral Health Home is also encouraged. (Integration of primary and psychiatric care)
- Vantage's residential and Community Support Services teams coordinate support around each resident's recovery goals, daily living needs, and housing stability as well as any willing family involvement.
- Staff help residents address practical barriers to care, including benefits, transportation, and coordination with other healthcare providers.
- Support is individualized, with an emphasis on resident choice, independence, and remaining successfully housed.

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)

- Vantage assesses each participant's behavioral health, physical health, daily living needs, and ability to remain safe in their current housing at enrollment and as needs change.
- Residential and Community Support Services staff monitor for changes such as increased symptoms, repeated crises, difficulty completing essential daily activities, or medical needs that cannot be adequately addressed in permanent supportive housing.
- When concerns arise, staff coordinate with the participant, their treatment providers, and other appropriate supports to evaluate what additional services may help them remain safely housed.
- If a higher level of care appears necessary, staff help the participant obtain additional clinical assessments and explore appropriate options with the treatment team including medical and psychiatric staff.
- Staff assist with referrals and coordination of the transition, while involving the participant in decisions and respecting their preferences to the extent possible.

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)

- Vantage reviews participants' housing goals and interest in moving to unsubsidized or other permanent housing as part of ongoing, individualized service planning.
- Staff assess readiness with the participant by considering housing preferences, income and benefits, ability to manage rent and other household costs, daily living skills, and the supports the participant wants or needs to maintain housing.
- Readiness is revisited as circumstances change. A participant is not expected to move solely because they have made progress in treatment or recovery.
- When a participant chooses to explore another housing option, staff help identify affordable opportunities, review eligibility and costs, and connect them with benefits and community resources.
- Staff coordinate with the participant and their supports to plan the move and help connect them with services that can continue after the transition.

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.	08/04/2026
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.	08/04/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

(1) The CoC issues a request for new and renewal projects each cycle. Projects are evaluated on agency capacity, program fit with local priorities and project soundness. Renewal projects are also scored on compliance with HUD regs and program performance. The Performance & Evaluation committee reviews project application, performance, monitoring results, and expenditure rates. Projects returning an average of 15%+ of funding over the previous 3 years and programs with significant compliance and outcome issues are reviewed for reallocation. The committee may request additional information including current monthly expenditure rates and proposed changes to implementation before making final determinations.

(2) Yes, the CoC identified several projects this year through the aforementioned process and chose to reallocate funds from these projects.

(3) The CoC decided to accept a new application this year for SSO from an agency who has been meeting performance and program goals. A new project focusing on SSO for the unsheltered was supported for funding.

(4) N/A

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)	Foothold Technology
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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)

The CoC improved outreach efforts throughout the year that has led to improved engagement with clients who have been experiencing unsheltered homelessness.

The CoC engaged a new street outreach service provider who was able to identify new locations and engagement strategies for the unsheltered population.

Since they have started, they have successfully shifted from identifying the locations to fully engaging clients and moving them off of the streets and into temporary and permanent housing opportunities. This improved outreach process was a leading factor in the decrease seen in the unsheltered population.

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)

The CoC's outreach provider, Collaborative Support Programs of New Jersey (CSPNJ), took a proactive, two-pronged approach to reducing the number of encampments and the number of people residing in them across Bergen County.

CSPNJ's outreach team responded to every encampment location identified or reported by local police departments, treating law enforcement referrals as an immediate outreach trigger rather than a lower-priority lead. This close coordination with municipal police, reinforced by the county's ARRIVE Together co-response partnership, ensured that newly identified encampments were engaged quickly, before they grew in size or became more entrenched.

Beyond responding to referrals, CSPNJ outreach workers actively canvassed known and suspected encampment locations, including wooded areas, transit corridors, and other unsheltered locations, rather than waiting for a report to come in. This proactive canvassing helped identify encampments and individuals who had not yet come into contact with the homeless service system, expanding the CoC's overall reach.

Outreach staff conducted engagement using a trauma-informed, harm-reduction approach, building trust with individuals over repeated visits when necessary, and connecting them to Coordinated Entry for a housing assessment, to CarePlus NJ or CBH Care for behavioral health needs, and to the Bergen County Housing, Health and Human Services Center for shelter as an interim step toward permanent housing.

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.	3
2. Enter the reduction in the number of encampments during your evaluation period.	3

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.	3
2. Enter the reduction in the number of people in encampments during your evaluation period.	3

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 - The CoC has seen a decline in encampments.

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)

Strategies developed to address these issues included:

- Strengthening coordination of prevention resources – Stakeholders administering prevention resources are part of a committee to review prevention resources and develop coordination protocols to better target resources and share information.
- Increase prevention/diversion resources – Bergen County has implemented a County Homeless Trust Fund which provides flexible funding to assist in efforts to end homelessness. A portion of the funding raised annually is allocated to prevention programs targeting families and individuals at 30% - 80% of AMI filling a gap for those households at risk of homelessness that do not qualify for ESG or other state and federal funds.
- Single Point of Entry – the Bergen County Housing Health and Human Service Center provides a single point of access for those at risk of homelessness to connect to prevention services. Through the center, coordination of mainstream benefits, employment services and legal services help to stabilize precariously housed persons in order to prevent unnecessary entry into the sheltering system.

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)

Strategies to reduce the LOT homeless include:

- The coordinated assessment housing prioritization list (HPL) prioritizes households by vulnerability and length of time homeless. Additionally, the CoC funded a new PSH project to the street outreach agency as it was identified that persons in Bergen who are unsheltered have the longest length of time homeless. This project will move those who are in unsheltered locations directly to permanent housing, decreasing the length of time homeless.
- The Division of Community Development funded housing stabilization services through the Bergen Housing Health and Human Services Center (BCHHH). The program offers support to the homeless to connect them to housing resources and PH placement.
- The CoC coordinates housing opportunities through the BCHHH including HCV, HOME TBRA and state funded rental assistance which is paired with the housing search and placement services funded locally.
- The CoC targets RRH to households with minimal barriers to prevent them from becoming long-term homeless. The CoC encourages provider to apply for State funding for ESG and is looking to partner with the mainstream benefits program to expand.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	33.00%
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Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate this measure, HMIS data were reviewed for clients who exited Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH) during October 1, 2024–September 30, 2025 for NJ-501. Records were then filtered by Discharge Date so that only exits occurring within the reporting period were counted.

Exits were then filtered using the HMIS Destination field to identify exits to the following unsubsidized permanent housing destinations:

- 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.

Pivot tables were used to count qualifying exits for each destination, grouped by project type. The four destination totals were summed to produce the numerator. The denominator was the total number of TH, RRH, and PSH exits during the period to any destination. The measure was calculated by dividing the numerator by the denominator, producing the percent of program participants exiting TH, RRH, and PSH collectively to unsubsidized housing.

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.	01/27/2026
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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	215	0	215	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	166	0	166	100.00%
4. Rapid Re-Housing (RRH) beds	102	0	102	100.00%
5. Permanent Supportive Housing (PSH) beds	514	0	364	70.80%
6. Other Permanent Housing (OPH) beds	135	0	8	4.80%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

For PSH: The only project that does not enter into the CoC's HMIS system for PSH is the HUD VASH program. For OPH: The other permanent housing projects that are not in HMIS are the EHV voucher programs along with the HCV Homeless Set Asides from the Housing Authority of Bergen County. The CoC has reached out to the State a number of times over the past few years to encourage participation in HMIS, explore uploading options with the HMIS lead and researching other ways to incorporate the data. While the VA and the Housing Authority of Bergen County are active members of the CoC, and in the VAs case, the Veterans Committee, there has been no commitment as of yet to enter information into HMIS. Over the next year, the CoC will ensure that the CoC's data analyst will continue to research options for including VA, EHV and HCV data into HMIS, including using partner agencies to track the clients in HMIS. The CoC's will also continue to increase the coverage rate for PSH to create more beds to incorporate into HMIS.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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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...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/30/2026

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. FY 2026 HD...	09/30/2026
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...	09/30/2026
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. FY 2026 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	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
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

Agency	Project	Project Type	Substance Use available on-site?
Advance Housing, Inc.	Fairview McKinney	PH-PSH	yes
Advance Housing, Inc.	AAH Bergen Supportive Housing	PH-PSH	yes
Advance Housing, Inc.	Advance Support Living Program (HoST)	PH-PSH	Yes
Center for Hope and Safety Inc	NEW Transitional Housing for Victims of Domestic Violence	TH	no
Center for Hope and Safety Inc	NEW Rapid Rehousing for Victims of Domestic Violence	RRH	no
Center for Hope and Safety Inc	E1 Renewal 2024 for FY2025	TH	no
Center for Hope and Safety Inc	TH/RRH Renewal 2024 for FY2025	Joint TH & PH-RRH	yes
Collaborative Support Programs of New Jersey	Bergen CSPNJ Permanent Supportive Housing	PH-PSH	no
County of Bergen	Alfred J. Thomas Home for Veterans	TH	No
Greater Bergen Community Action, Inc.	CoC Renewal FY2024	TH	yes
Housing Authority of Bergen County	Vantage Van Sciver 2024-25 Renewal	PH-PSH	no
Housing Authority of Bergen County	Housing Works 2 2024-25 Renewal	PH-PSH	no
Housing Authority of Bergen County	Family Guidance 2024-25 Renewal	PH-PSH	no
Housing Authority of Bergen County	Links 2 2024-25 Renewal	PH-PSH	no
Housing Authority of Bergen County	Housing Works 4 Grant Consolidation 2024-25 Renewal	PH-PSH	no
Vantage Health System, Inc.	Opening Doors FY2024	PH-PSH	no
Vantage Health System, Inc.	Knickerbocker FY 2024	PH-PSH	no
Vantage Health System, Inc.	Links FY2024	PH-PSH	no

Total Housing Projects	18
Total Housing Projects with Treatment On-Site	5
	28%

1C-1f

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

Agency	Project	Project Type	Substance Use available on-site?	Substance Use Required?	Units requiri
Advance Housing, Inc.	Fairview McKinney	PH-PSH	yes	Yes	2
Advance Housing, Inc.	AAH Bergen Supportive Housing	PH-PSH	yes	Yes	5
Advance Housing, Inc.	Advance Support Living Program (HoST)	PH-PSH	Yes	Yes	17
Center for Hope and Safety Inc	NEW Transitional Housing for Victims of Domestic Violence	TH	no	yes	5
Center for Hope and Safety Inc	NEW Rapid Rehousing for Victims of Domestic Violence	RRH	no	yes	14
Center for Hope and Safety Inc	E1 Renewal 2024 for FY2025	TH	no	yes	2
Center for Hope and Safety Inc	TH/RRH Renewal 2024 for FY2025	Joint TH & PH-RRH	yes	yes	18
Greater Bergen Community Action, Inc.	CoC Renewal FY2024	TH	yes	yes	20
Housing Authority of Bergen County	Vantage Van Sciver 2024-25 Renewal	PH-PSH	no	yes	8
Housing Authority of Bergen County	Housing Works 2 2024-25 Renewal	PH-PSH	no	yes	8
Housing Authority of Bergen County	Family Guidance 2024-25 Renewal	PH-PSH	no	yes	7
Housing Authority of Bergen County	Links 2 2024-25 Renewal	PH-PSH	no	yes	4
Housing Authority of Bergen County	Housing Works 4 Grant Consolidation 2024-25 Renewal	PH-PSH	no	yes	77
Vantage Health System, Inc.	Opening Doors FY2024	PH-PSH	no	yes	36
Vantage Health System, Inc.	Knickerbocker FY 2024	PH-PSH	no	yes	15
Vantage Health System, Inc.	Links FY2024	PH-PSH	no	yes	4

Total Untis requiring Substance Use Treatment	242
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1C-3

Language from Project Supportive Service Agreements

Advance Housing, Inc.
Service Participation Agreement

Housing Program Name: _____
Participant Name: _____
Participant Address (if applicable): _____
Program Case Manager/Representative: _____
Effective Date: _____
Term of Agreement: From _____ to _____

Purpose

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

Services Provided

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources
- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

Participants Responsibilities

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
- Provide documentation necessary to verify income and eligibility.

Program Responsibilities

The Program agrees to:

- Treat Participants with dignity and respect.
- Provide services in a professional and nondiscriminatory manner.

Advance Housing, Inc.

Service Participation Agreement

- Maintain confidentiality of Participant information as permitted by law.
- Inform Participants of available services, requirements, and any significant Program changes.
- Respond to Participant questions and concerns in a timely manner.

Confidentiality

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

Nondiscrimination

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

Grievance Procedure

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative (Ombudsperson)
 - The agency shall appoint an ombudsperson who shall function as a consumer advocate and will ensure the maintenance of consumer rights within the agency. The name and contact information for appointed Ombudsperson is posted in a prominent location in the lobbies of each agency office.
2. Participating in a review meeting if requested.
 - Ombudsperson will meet if meeting is requested, ascertain the concern and advocate for the consumer with the case manager and attempt to negotiate a solution
3. Receiving a written response regarding the outcome of the review.
 - Upon resolution of the complaint, the ombudsperson shall issue a written report within two weeks of notification of the complaint. Copies of the report shall be sent to the consumer, case manager, and Clinical Director.
 - Should the ombudsperson be unable to resolve the conflict, he or she shall refer the consumer to the Conflict Resolution Team, which consists of:
 1. Vice President of Quality Assurance and Compliance
 - b. Vice President of Clinical Services
 - c. A designee from the clinical team

The Conflict Resolution Team has the final internal authority over conflict decisions which will be made within one week.

If the consumer is still dissatisfied, the ombudsperson or consumer can initiate *Out of Agency* contacts for resolution.

Consumer Grievance Procedure – Out of Agency

If the consumer wishes to seek external advocacy services, the consumer will be referred to the out of agency Ombudsperson

The filing of grievance shall not result in retaliation.

Termination of Participation

Program participation may be terminated for any of the following reasons:

Advance Housing, Inc.

Service Participation Agreement

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.
- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

When practicable, the Program will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

Limitation of service

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

Indemnification

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

Acknowledgement

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
- They have had an opportunity to ask questions.
- They agree to comply with Program requirements.
- They understand participation is voluntary and subject to Program policies.

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____

AJT Residential Services Agreement

Acknowledgement Community Hope, Inc.

One of the requirements for admission to our Alfred J. Thomas Home for Veterans (AJT) is the signing of a contract between you and Community Hope. We request that you carefully read and understand each statement on the following pages. When you have finished reading and agree to abide by the terms outlined, please sign the contract. A staff member must witness your signature. Community Hope staff are available to answer any questions or concerns you may have regarding the regulations described in this contract.

1. If identified as a service need, I agree to be actively involved in the recovery process. I agree to attend recovery meetings, as required, at least three times a week or more that are approved by Community Hope (this includes one group on the weekend).
2. I will provide random urine, saliva and/or breathalyzer samples when requested by Community Hope personnel. If I fail to produce a urine, saliva and/or breathalyzer sample within 2 hours of it being requested, it will be considered a positive result and I may be discharged from the program. If a lab determines that my urine or saliva sample is positive, I may be discharged from the program. If my sample is positive, I will meet with my case manager and determine clinically appropriate treatment options, up to and including discharge.
3. I understand that I am able to participate in the Hope for Veterans program for up to but not more than 24 months provided that I adhere to the terms of this contract and the terms outlined in the veteran handbook.
4. I agree to open a checking or savings account at a local bank, and save a percentage of my income each week. I agree to complete a written contract identifying this amount and will abide by the terms of that contract. During case management, I agree to disclose upon request, complete financial information including, but not limited to, paycheck stubs, monthly bank statements, or any other form of income.
5. I have verbally explained and disclosed the full extent of my current legal situation (including pending warrants, charges, court dates, probation or parole conditions, etc.), and give my permission for this to be verified by Community Hope employees.
6. I realize that the use or possession of alcohol and illegal drugs or the inappropriate use of prescription or over the counter drugs, at any time, could be grounds for immediate discharge. I understand that in the event of a relapse, increased participation in substance abuse treatment (including 90 meetings in 90 days, outpatient treatment or inpatient treatment) and frequent drug and alcohol testing as determined by the clinical team will occur. I further understand that I must inform my case manager of any medications I have been prescribed. I understand that I am not able to take any over the counter medications while in the program unless prescribed by a doctor.
7. I am aware that I am responsible for the operation of the residence, which includes cleanliness and general maintenance of my own immediate living area as well as common areas. I agree to cooperate with assigned maintenance and household assignments to ensure a clean and safe living environment. In addition, I will not change or alter any walls, fixtures or furniture in the residence.
8. I understand that violence, threats of violence, and/or verbal or implied threats, are grounds for immediate discharge.
9. I understand that weapons, or items Community Hope construes as weapons (guns, knives with blades longer than 4 inches, gas emitting canisters, etc.) are not allowed on the premises and will be grounds for immediate discharge.
10. Community Hope is a residential treatment facility. Sexual relations and/or sexualized behavior on the premises affect the rights and treatment of others and therefore are prohibited. I will not be involved in any sexual relations and/or sexualized behavior in or on the grounds of the residence.
11. I understand that this program has a curfew (11:30 p.m. Sunday to Thursday and 12:30 a.m. Friday to Saturday) and that I must be in and remain in the residence until 6 a.m. seven days per week. The only exceptions to the curfew are if I am authorized to be at work or on pass by my case manager. I understand that if my work schedule conflicts with the curfew, I am required to show proof of my working hours. Proof of working hours may include, but are not limited to, my work schedule, a letter from my employer on company letterhead, or pay stubs that include individual time punches. I understand that said work authorization may be subject to review and/or discontinuation by the Director of Veteran Housing.
12. I agree to actively participate in the program and to meet on a regular basis with my Case Manager. I agree to attend house meetings and to participate other activities, approved and/ or assigned by Community Hope including but not limited to employment, volunteer work, self-education, day programs, etc.
13. I understand that Community Hope is not responsible for the loss, damage, or destruction of my personal items on the premises. It is my responsibility to safeguard my personal belongings and to remove my property from the residence within 30 days of discharge.
14. I understand that theft or willful destruction of Community Hope, government or my housemate's property could result in immediate discharge and/or arrest. I will assume the responsibility for the repair or replacement of all property lost or damaged due to my negligence or carelessness.
15. I agree to pay Housing Fee to Community Hope as noted on my Residential Service Agreement (Attachment A).
16. I understand that I will be required to provide proof of income and/or allowable deductions. I agree to notify my Case Manager immediately of changes in my income or allowable deductions.
17. I understand that the telephones in the residence are provided as a courtesy to residents. I understand that I have an obligation to the program and my housemates, to keep calls to a minimum so that business and/or emergency related calls can be received .
18. I understand that the Alfred J. Thomas Home for Veterans Program is required to participate in a National Evaluation Program for research purposes. I agree to participate with all phases of this evaluation process including intake, follow-up and discharge information. I understand that the confidentiality of my personal information will be safeguarded as outlined in Community Hope's Notice of Privacy.
19. I understand that before going on any type of pass, I must submit a pass request two (2) days in advance of departure to my Case Manager and have it approved.

20. I understand that Community Hope may search my room at any time for, but not limited to cleanliness, safety issues and contraband, whether I am present or not. I will be asked to be present for searches that require my locker and/or drawers to be examined. I agree that Community Hope may retain a set of keys for all locks in the residence and I will not change any locks without Community Hope approval.

21. I understand there is a no-smoking policy in all federally owned buildings and there is no smoking or use of tobacco products in the residence or agency owned vehicles. I understand that smoking is permitted outside and that cigarette butts will be discarded in the smoking receptacles provided. Violation of the smoking policy can result in intervention up to and including discharge from the program.

22. I understand and agree that while in this program my conduct is being observed by both the Veterans Administration and the community. The public image of this program is important not only for me and other residents but also for future residents. I will therefore:

a. Do nothing harmful to the image of the Alfred J. Thomas Home for Veterans Program or my fellow residents.

b. Conduct myself responsibly and project the same image while on pass, as I do in the residence.

c. Abide by the "no hand-holding" rule which means:

If I have any knowledge or suspect any person connected with this program of doing anything destructive to himself, another person, or to the program, I will confront him/her with this information and will inform Community Hope if that person fails to do so.

23. I understand that non-residents are not permitted on the premises with the exception of visitors during scheduled visiting hours (Monday through Friday, 4 p.m. to 10 p.m. and Saturday through Sunday, 12 p.m. to 10 p.m.). I understand that I am responsible for the behavior of my guests. I agree not to have overnight guest(s) in the residence. I understand that in the event that a guest, whether a minor or an adult, refuses to leave at 10 p.m., the Bergen County Police may be notified.

24. I understand that if my behavior and conduct is seen as detrimental to the program and/or other residents, I will be discharged from the program.

25. I agree not to have any pets at the residence.

26. I will notify Community Hope whenever I am ill or when I am not attending a daytime or evening activity for which I am scheduled.

27. I understand that I have the ability to break my program fee agreement without penalty for medical or clinical necessity.

28. I will communicate with and behave in a respectful manner toward program employees that is free from bias, intimidation, and harassment.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE RESIDENT SERVICES AGREEMENT AS PRESENTED ABOVE AND AGREE TO ABIDE BY THIS CONTRACT AND ALL THE RULES AND REGULATIONS OF THIS PROGRAM.

Veteran Name:

Veteran Signature: :

Date:

Employee Name:

Marissa H. Fanelli

Employee Signature:

Date:

Revised 1.23.18

Revised 2.25.22

CENTER FOR HOPE AND SAFETY

USE AND OCCUPANCY AGREEMENT AND PERMISSION FOR
TRANSITIONAL/RAPID RE-HOUSING RESIDENTS AGREEMENT made this
_____ day of _____, _____, between
_____, hereinafter referred to as the
'client', and CENTER FOR HOPE AND SAFETY, hereinafter referred to as 'the
Center'. WHEREAS, the parties have entered into an Agreement for the client to
enter the Transitional Housing Program. NOW, THEREFORE, in consideration of
the mutual covenants and conditions herein contained and the terms and conditions
set forth in the contract herein referred to, the parties agree as follows:

1. It is understood that the client resides on private property of Center of Hope and Safety. **Initial:** _____
2. It is understood and agreed that no landlord and tenant relationship shall be created hereunder and that the use and occupancy of the premises by the client is allowed and approved due to the client's enrollment in the Center for Hope and Safety's Transitional Housing Program. **Initial:** _____
3. The Center agrees to furnish the _____ bedroom, on the _____ floor, plus common living space in the Transitional home located at _____, New Jersey, for the use of client and her child or children, _____, from _____ until the expiration date _____. The initial term shall be for six (6) months up to twenty-four (24) months, which may be extended for additional six (6) months, up with the **written** approval of the Program Director via **another updated Occupancy Agreement**. **Initial:** _____
4. It must be understood by the Client that these premises are confidential for the safety of all clients in the residence. If the confidential Transitional Housing location is made known to your abusive perpetrator, or someone with the reasonable likelihood of sharing the TH/RRH housing location with the perpetrator; then, in discussion with you, and assessing for potential safety risks for other communal residents by the CHS staff; you may be asked to relocate.

5. The client agrees to: a. Use the premises as a home for the period of time specified and approved by the Center for Hope and Safety. b. Comply with the Transitional Housing policies and procedures. c. For those that have an income, on a voluntary basis, make a good faith effort to Pay a monthly use and occupancy contribution of \$_____, on or before the fifth day of each month. This contribution may be increased to a maximum of \$_____ if supportive grant funding is reduced. If your monthly income increases, your monthly fee will increase accordingly. (This contribution will be approximately 30% of your income, based on a federal HUD formula). d. Any damage caused to the property by the client or their family members is unacceptable and is cause for discharge. In addition, pay for all damage to the subject property, if any, which shall occur during the occupancy and for all costs necessary to restore the subject property to the condition at the time of initial occupancy as determined by the Center, ordinary wear and tear excepted. This stipulation will not apply if the damage is caused by an abusive perpetrator. e. Move from the premises upon written request of the program or to give thirty (30) days' notice if you intend to leave the premises prior to the expiration of her time. The thirty days' notice may be waived by the Program Director.
6. Client hereby agrees that if they abandon the property for more than two days, without prior written communication with the Center of Hope & Safety, we will consider the property vacated by the client. **Initial:** _____
- a. Any items left behind will be packed and stored for two weeks. **Initial:** _____
7. Supervision of your family and children: It is the adult/parent responsibility to provide supervision to all their family member. No person under the age of 18 will be left alone on the Transitional Housing premises. Noncompliance with providing adequate supervision will be a cause for discharge. **Initial:** _____
8. Client hereby agrees to indemnify and hold the Center harmless from any and all claims, demands, actions, causes of action, damages, expenses, losses or liabilities arising in any way, as a result of her occupancy and use of the premises.
9. Any and all repairs and improvements made by the client to the premises shall be and remain the property of the Center.

10. Repairs and renovations by Center for Hope and Safety. When there is a need for the Center to make repairs, renovations, and physical monitoring as per the governmental jurisdictions:

a. We will make two attempts over the course of a week to schedule a time that works for clients to have repairs or visits scheduled.

b. If there is no response, the Center will give a weeks' notice to be able to do repairs/updates, by posting the notice on the front door.

c. These do not include emergency repairs (i.e., gas leak, water leak, fire hazards, etc., as mandated by the local authorities).

d. Program staff will also be available to accompany the maintenance staff when applicable or by reasonable request of the client. **Initial:** _____

11. It is understood that I must engage in services in order to maintain my housing.

Initial: _____

IN WITNESS WHEREOF, the parties have signed this Agreement on

_____.

ACKNOWLEDGEMENT OF REVIEW AND ACCEPTANCE

CLIENT'S FULL NAME: _____

CLIENT SIGNATURE: _____

DATE: _____

WITNESS NAME: _____

SIGNATURE: _____

DATE: _____

SERVICE PARTICIPATION AGREEMENT

Housing Program Name: CSPNJ COC Permanent Supportive Housing Program

Participant Name: _____

Participant Address (if applicable): _____

Program Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources
- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

- Treat Participants with dignity and respect.
- Provide services in a professional and nondiscriminatory manner.
- Maintain confidentiality of Participant information as permitted by law.
- Inform Participants of available services, requirements, and any significant Program changes.

- Respond to Participant questions and concerns in a timely manner.
-

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

6. NONDISCRIMINATION

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

.

8. TERMINATION OF PARTICIPATION

Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.

- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

CSPNJ will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
 - They have had an opportunity to ask questions.
 - They agree to comply with Program requirements.
 - They understand participation is voluntary and subject to Program policies.
-

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

.

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____

THE LADDER PROJECT OCCUPANCY AGREEMENT

This Occupancy Agreement ("Agreement") is entered into on this ____ day of _____, 20, by and between:

House/Program Name: The Ladder Project
Address: 261 State Street
City/State/ZIP: Hackensack, NJ 07601

AND

Resident Name: _____
Date of Birth: _____

Collectively referred to as the "Parties."

1. PURPOSE OF RESIDENCY

The purpose of this residence is to provide a structured, sober, supportive living environment for men recovering from substance abuse and addiction. Residency is conditioned upon compliance with all house rules, sobriety requirements, and program expectations.

This Agreement is an occupancy agreement and does not create a landlord-tenant relationship unless otherwise required by law.

2. TERM OF OCCUPANCY

Resident may occupy the premises beginning on:

Start Date: _____

This Agreement shall continue on a:

- ☐ Program-based term

Either party may terminate this Agreement pursuant to the termination provisions below.

3. FEES AND PAYMENTS

The Ladder does not charge the resident a fee for service.

4. SOBRIETY REQUIREMENTS and Other PROGRAM EXPECTATIONS

Resident agrees to maintain complete abstinence from:

- Alcohol
- Illegal drugs
- Non-prescribed controlled substances
- Drug paraphernalia

Resident must:

- Submit to random drug and alcohol testing
- Participate honestly in testing procedures
- Take prescribed medications only as directed

Possession, use, distribution, or being under the influence of prohibited substances may result in need to return to detox to cleanse system of substances or could immediately be discharged from the program.

Residents must participate in the following services:

- Case management
- Individual counseling and Group Counseling
- Parenting Classes
- Financial Literacy when offered
- Referrals to healthcare, counseling and community resources
- Tenant education and advocacy and other housing related services

The Program reserves the right to modify services based on funding, availability or Participant needs

5. HOUSE RULES

Resident agrees to comply with all house rules, including but not limited to:

1. Maintain respectful behavior toward staff, residents, neighbors, and visitors.
2. No violence, threats, intimidation, harassment, or discrimination.
3. No weapons of any kind permitted on the property.
4. Following Curfew unless otherwise approved.
5. Chores must be completed as assigned.
6. Residents must maintain personal hygiene and clean-living spaces.
7. Quiet hours are from 10pm to 7am.
8. No overnight guests are allowed but visitors on weekends with permission.
9. Smoking/vaping permitted only in designated outside areas.
10. Attendance at required recovery meetings, counseling, or house meetings is mandatory.
11. Employment, volunteering, education, or active recovery participation may be required.
12. Residents shall not steal, damage, or misuse property.

6. ROOM ASSIGNMENTS

Management reserves the right to assign or change room assignments at any time for operational, safety, or program-related reasons.

Resident shall:

- Keep room reasonably clean
- Respect roommates and shared spaces

7. MEDICATIONS

Residents must disclose prescribed medications when required by program policy.

The program may:

- Require medication verification
- Prohibit misuse of medications
- Require secure storage of medications

8. SEARCHES

To maintain a safe and sober environment, management may inspect:

- Bedrooms
- Personal belongings
- Common areas

Searches may occur when there is reasonable suspicion of rule violations, prohibited substances, weapons, or safety concerns.

9. EMERGENCY MEDICAL CARE

In case of emergency, staff may contact emergency medical services and the resident's emergency contact.

Emergency Contact Name: _____

Phone Number: _____

Resident authorizes emergency medical treatment if necessary.

10. PROPERTY AND LIABILITY

Resident understands:

- Personal belongings are kept at resident's own risk
 - The program is not responsible for lost, stolen, or damaged property unless required by law
-

11. CONFIDENTIALITY

The program will make reasonable efforts to maintain confidentiality consistent with applicable laws and program operations.

Residents are encouraged to respect the privacy and confidentiality of fellow residents.

12. TERMINATION OF OCCUPANCY

Occupancy may be terminated for reasons including but not limited to:

- Drug or alcohol use
- Violence or threats
- Criminal activity
- Repeated rule violations
- Conduct disruptive to recovery environment

Upon termination, residents must remove all belongings immediately or within the timeframe required by law.

13. ACKNOWLEDGMENT

By signing below, Resident acknowledges that:

- He has read and understands this Agreement
 - He has received a copy of the house rules
 - He agrees to comply with all program requirements
 - Violation of this Agreement may result in discharge
-

RESIDENT

Signature: _____

Printed Name: _____

Date: _____

PROGRAM REPRESENTATIVE

Signature: _____

Printed Name & Title: _____

Date: _____



VANTAGE

HEALTH SYSTEM | Quality Care for Life's Challenges

Dumont Office
2 Park Avenue, Dumont, NJ
07628

Englewood Office
93 West Palisade Avenue, Englewood, NJ
07631 (201) 567-0500 Fax: (201) 567-

VHS-SERVICE PARTICIPATION AGREEMENT

Housing Assignment ☐ Knickerbocker ☐ LINKS ☐ Opening Doors

Name: _____

Effective Date: _____

Term of Agreement: From _____ to _____ (to run concurrently to lease)

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

Housing placement assistance

Rental assistance

Case management services

Financial literacy education

Employment and benefits counseling

Life skills training

Referrals to healthcare resources, mental health counseling, and Community Support Services (CSS) offered at Vantage Health System, Inc.

Tenant education and advocacy

Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

Provide accurate and complete information to Program staff.

Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

Attend scheduled meetings, assessments, and appointments.

Engage in service planning and goal-setting activities.

Cooperate with Program staff in developing and implementing a housing stability plan.

c. Comply with Housing Requirements

Follow all applicable lease terms and property rules.

Maintain the housing unit in a safe and sanitary manner.

Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.

Provide documentation necessary to verify income and eligibility.

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

Treat Participants with dignity and respect.

Provide services in a professional and nondiscriminatory manner.

Maintain confidentiality of Participant information as permitted by law.

Inform Participants of available services, requirements, and any significant Program changes.

Respond to Participant questions and concerns in a timely manner.

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

6. NON-DISCRIMINATION

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

Submitting a written complaint to the Program Representative.

Participating in a review meeting if requested.

Receiving a written response regarding the outcome of the review.

The filing of grievance shall not result in retaliation.

8. TERMINATION OF PARTICIPATION

Program participation may be terminated for any of the following reasons:

Failure to maintain Program eligibility.

Repeated failure to participate in required services.

Fraud, misrepresentation, or intentional withholding of information.

Threatening, violent, or illegal behavior.

Violation of Program policies or terms of lease.

When practicable, the Program will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing 30 day written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

Permanent housing placement.

Approval for rental assistance.

Continued funding availability.

Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

They have read and understand this Agreement.

They have had an opportunity to ask questions.

They agree to comply with Program requirements.

They understand participation is voluntary and subject to Program policies.

PARTICIPANT

Name: _____

Signature: _____

Date: _____

VANTAGE STAFF

Staff Name: _____

Staff Title: _____

Signature: _____

Date: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone: _____

SERVICE PARTICIPATION AGREEMENT

Housing Program Name: CoC Housing Works 2, Housing Works 4, Family Guidance, Links 2, and Vantage Van Sciver

Participant Name: _____

Participant Address (if applicable): _____

Program Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources
- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

- Treat Participants with dignity and respect.
- Provide services in a professional and nondiscriminatory manner.
- Maintain confidentiality of Participant information as permitted by law.
- Inform Participants of available services, requirements, and any significant Program changes.

- Respond to Participant questions and concerns in a timely manner.
-

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

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The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

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Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.

- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

When practicable, the Program will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

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- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

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To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
 - They have had an opportunity to ask questions.
 - They agree to comply with Program requirements.
 - They understand participation is voluntary and subject to Program policies.
-

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____

1C-10

Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

THOMAS COX
CHIEF OF POLICE



500 MADISON STREET
P.O. Box 271
CARLSTADT, NEW JERSEY 07072
201-438-4300 FAX: 201-939-4522
www.CarlstadtPolice.org

DEPARTMENT OF
POLICE
BOROUGH OF CARLSTADT

BERGEN COUNTY, NEW JERSEY

September 24, 2026

U.S. Department of Housing and Urban Development, Office of Community Planning and Development

RE: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety, FY 2026 Continuum of Care Program Competition

To Whom It May Concern:

I am writing on behalf of Carlstadt Police Department in my capacity as Police Chief to confirm our working relationship with the Bergen County Continuum of Care (CoC), NJ-501, in support of the FY 2026 CoC Program application.

Carlstadt Police Department is responsible for law enforcement and public safety in the CoC's geographic area. Our agency has worked with the CoC through participation in CoC meetings, joint street outreach, and referral coordination.

Based on our experience, I can confirm the following:

1. The CoC cooperates with Carlstadt Police Department and has not interfered with or impeded our efforts to advance public safety in our community. The CoC also supports first responders in connecting people experiencing homelessness to services.
2. The CoC has not obstructed our efforts to address tents and encampments on public property.
3. The CoC has not obstructed our efforts to reduce public drug use.
4. The CoC has not obstructed our agency from connecting individuals to evaluation, crisis response, or treatment under applicable state and local standards.
5. The CoC has not impeded on information sharing consistent with the Sex Offender Registry and Notification Act (SORNA) and applicable law.



A State Accredited and Nationally Recognized Law Enforcement Agency



I am available to answer questions about this letter and can be reached at 201-438-2781
or tcox@carlstadtpolice.org

Sincerely,

A handwritten signature in blue ink, appearing to read 'TCX', with a stylized flourish at the end.

Thomas Cox

Police Chief

Carlstadt Police Department

500 Madison Street

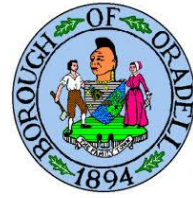
Carlstadt, NJ 07072



ORADELL POLICE DEPARTMENT

CHIEF DAVID L. GANGEMI

"Protecting Our Community with Integrity and Honor."



9/24/2026

U.S. Department of Housing and Urban Development, Office of Community Planning and Development

RE: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety, FY 2026 Continuum of Care Program Competition

To Whom It May Concern:

I am writing on behalf of Oradell Police Department in my capacity as Chief of Police to confirm our working relationship with the Bergen County Continuum of Care (CoC), NJ-501, in support of the FY 2026 CoC Program application.

Oradell Police Department is responsible for law enforcement and public safety in the CoC's geographic area. Our agency has worked with the CoC through participation in CoC meetings, joint street outreach, and referral coordination.

Based on our experience, I can confirm the following:

1. The CoC cooperates with Oradell Police Department and has not interfered with or impeded our efforts to advance public safety in our community. The CoC also supports first responders in connecting people experiencing homelessness to services.
2. The CoC has not obstructed our efforts to address tents and encampments on public property.
3. The CoC has not obstructed our efforts to reduce public drug use.
4. The CoC has not obstructed our agency from connecting individuals to evaluation, crisis response, or treatment under applicable state and local standards.
5. The CoC has not impeded on information sharing consistent with the Sex Offender Registry and Notification Act (SORNA) and applicable law.

I am available to answer questions about this letter and can be reached at 201-261-0202, dgangemi@oradellpolice.org

Respectfully,

David L. Gangemi

David L. Gangemi

Chief of Police

Oradell Police Department



DEPARTMENT OF POLICE
Borough Of Upper Saddle River
UPPER SADDLE RIVER
County Of Bergen
State of New Jersey
INCORPORATED
1894



Patrick A. Rotella
Chief of Police

368 West Saddle River Road
Upper Saddle River, New Jersey 07458
(201) 327-2700
Fax: (201) 934-3992

September 26, 2026

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

RE: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety, FY 2026 Continuum of Care Program Competition

To Whom It May Concern:

I am writing on behalf of the Upper Saddle River Police Department in my capacity as Chief of Police to confirm our working relationship with the Bergen County Continuum of Care (CoC), NJ-501, in support of the FY 2026 CoC Program application.

The Upper Saddle River Police Department is responsible for law enforcement and public safety in the Borough of Upper Saddle River, which is within the CoC's geographic area. Our agency has worked with the CoC through participation in CoC meetings, joint street outreach, and referral coordination.

Based on our experience, I can confirm the following:

1. The CoC cooperates with the Upper Saddle River Police Department and has not interfered with or impeded our efforts to advance public safety in our community. The CoC also supports first responders in connecting people experiencing homelessness to services.
2. The CoC has not obstructed our efforts to address tents and encampments on public property.
3. The CoC has not obstructed our efforts to reduce public drug use.
4. The CoC has not obstructed our agency from connecting individuals to evaluation, crisis response, or treatment under applicable state and local standards.
5. The CoC has not impeded information sharing consistent with the Sex Offender Registry and Notification Act (SORNA) and applicable law.

I am available to answer questions about this letter and can be reached at (201) 327-2700 or protella@usrpd.net.

Sincerely,

Patrick A. Rotella
Chief of Police
Upper Saddle River Police Department
368 West Saddle River Rd.
Upper Saddle River, NJ 07458

1D-1

Local Competition Scoring Tool

Renewal Scoring Tool & Project Performance Measures

Agency	
Project Name	
Project Type	
Operating Year	
Total Contracted # Units	
Total Contracted # Beds	

Category		Point Breakdown	Max points per Category
Evidence	(1) Target Population		5
Application	Clients belong to one or more vulnerable subpopulations (chronically homelessness, substance use disorders, mental health conditions, age 55+, developmentally disabled, physically disabled)	5 points	
	Services and Assistance offered are individualized and help clients obtain and retain permanent housing housing		15
	(2) Services and Assistance offered are individualized and help clients obtain and retain permanent housing housing	5 points	
Application	(3) Project will require service participation	10 points	
	Substance Use Treatment		15
	(4) On-site Treatment Capacity		
	Active, operational substance use treatment is available on-site	10 points	
	Agency has a formal, signed MOU for substance-use treatment available off-site	5 points	
	No substance use treatment options	0 points	
Application	(5) The project will require program participant engagement in substance use treatment services as a condition of continued participation in the program	5 points	
	(6) Cost Effectiveness		10
	Meet/Exceed Obligation: The number of positive outcomes (retention of or exit to PH) meet or exceed 100% of the contracted unit/household capacity	10 points	
	Acceptable Range: The number of positive outcomes fall within 85% to 99% of their contracted capacity.	7 points	
Project performance data	Underutilization: The number of positive outcomes are between 70% and 84% of contracted capacity.	5 points	
	Severe Underutilization: Positive outcomes are below 70% of contracted capacity.	0 points	
	Project Performance		120
CoC performance data	(7) See attached CoC Performance Measures	100 for TH, 120 for PH	
Application	(7a - Bonus) At least 25% of clients exited to non-CoC PH	BONUS	
	(8) DV Evaluation		5
Application	Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.	5 points	
	(9) Expenditure History		10
	Average of 0-10% unspent funds in last 3 completed grant years	10 points	
APR data	Average of 10.1-15% in last 3 completed grant years	5 points	
	Average of > 15% in last 3 completed grant years	0 points	
	Compliance and Findings		20
	(11) Zero open HUD Audit Findings	10 points	
CoC Monitoring	(12) Zero findings from annual CoC monitoring and evaluation	10 points	

Categories	Max Points
Target Population	5
Services and Assistance offered are individualized and help clients obtain and retain permanent housing housing	15
Substance Use Treatment	15
Cost Effectiveness	10
Project Performance	100 for TH; 120 for PH
DV Evaluation	5
Expenditure History	10
Compliance and Findings	20
*Bonus for exits to non-CoC PH (2 points)	2
*Bonus if project operates sober living (2 points)	2
Total Points	
Total Score (%)	

Max Points and Total Objective Points for PH (PSH and RRH)	204
Max Points and Objective Points for TH	184

Bergen CoC 2026 Performance Evaluation
PSH/RRH Program Standards

Agency
Name: _____

Program Name: _____

	Programmatic Indicator	Measure & Data Source	Benchmark	Outcome	Score
Utilization Rate					
1	Program operates at full capacity	> 90% Occupancy	≥90%= 10 80%-89%= 7 70%-79%= 5 ≤69%= 0		
Income, Employment, and Mainstream Benefits					
2	Households are receiving income (based on most recent entry - intake, update or discharge)	85% will be connected to income sources	≥85%= 10 75%-84%= 7 65%-74%= 5 50%-64%= 3 ≤49%= 0		
3a	Project stayers have increased their earned income	20% will have increased their earned income from entry to update	≥20%= 10 15%-19%= 7 10%-14%= 5 ≤9%= 0		
3b	Project stayers have increased their non-employment income	20% will have increased their non-employment income from entry to update	≥20%= 5 15%-19%= 3 10%-14%= 1 ≤9%= 0		
4a	Project leavers have increased their earned income	25% will have increased their earned income from entry to discharge	≥25%= 10 20%-24%= 7 15%-19%= 5 ≤14%= 0		
4b	Project leavers have increased their non-employment income	20% will have increased their non-employment income from entry to discharge	≥20%= 5 15%-19%= 3 10%-14%= 1 ≤9%= 0		
5	Households are connected to mainstream benefits, including healthcare (based on most recent entry - intake, update or discharge)	85% will be connected to mainstream benefits/healthcare	≥85%= 10 75%-84%= 7 65%-74%= 5 50%-64%= 3 ≤49%= 0		
Housing Stabilization					
6	Households are quickly placed into housing upon referral	On average, households that were admitted during the evaluation period are placed in housing within 30 days of project	≤30 days= 5 31-45 days = 3 46-60 days = 1 ≥61 days = 0		
7a	Households will exit to PH or will remain in current PH location	85% will remain in permanent housing or exit to other permanent housing	≥85%=10 75%-84%= 8 65%-74%= 4 55%-64%= 1 ≤54%= 0		
7b	Households will exit to unsubsidized permanent housing	20% of households will exit to unsubsidized permanent housing	≥20%=5 15%-19%= 3 10%-14%= 1 ≤9%= 0		
Administrative					
9	HMIS Data Quality and Compliance	See Data Quality Report	20	N/A	

Final Score:	0
Maximum Points Available:	100

**Bergen County Continuum of Care
2026 Transitional Housing Performance Review**

Agency:
Project:
Year
Performance
was based on:

Transitional Housing Program Performance				
Goals	Required Performance Standards	Benchmark	Outcome (%)	Points Awarded
Project maintains an appropriate utilization rate for the year	At least an 90% utilization average for the year	$\geq 90\% = 10$ $80\%-89\% = 7$ $70\%-79\% = 5$ $\leq 69\% = 0$		
Households residing in transitional housing will have low average lengths of stay among households	45% of households' length of stay in transitional housing does not exceed 18 months	$\geq 45\% = 10$ $31\%-45\% = 7$ $21\%-30\% = 5$ $11\%-20\% = 3$ $\leq 10\% = 0$		
Households are receiving earned or non-employment income (based on most recent entry - intake, update or discharge)	85% of households will be connected to income sources	$\geq 85\% = 10$ $75\%-84\% = 7$ $65\%-74\% = 5$ $50\%-64\% = 3$ $\leq 49\% = 0$		
Project stayers have increased their earned income	20% will have increased their earned income from entry to update	$\geq 20\% = 10$ $15\%-19\% = 7$ $10\%-14\% = 5$ $\leq 9\% = 0$		
Project stayers have increased their non-employment income	20% will have increased their non-employment income from entry to update	$\geq 20\% = 5$ $15\%-19\% = 3$ $10\%-14\% = 1$ $\leq 9\% = 0$		
Project leavers have increased their earned income	25% will have increased their earned income from entry to discharge	$\geq 25\% = 10$ $20\%-24\% = 7$ $15\%-19\% = 5$ $\leq 14\% = 0$		
Project leavers have increased their non-employment income	20% will have increased their non-employment income from entry to discharge	$\geq 20\% = 5$ $15\%-19\% = 3$ $10\%-14\% = 1$ $\leq 9\% = 0$		
Households are connected to mainstream benefits, including healthcare (based on most recent entry)	85% will be connected to mainstream benefits/healthcare	$\geq 85\% = 10$ $75\%-84\% = 7$ $65\%-74\% = 5$ $50\%-64\% = 3$ $\leq 49\% = 0$		
Households being discharged move on to a permanent destination	75% will obtain permanent housing	$\geq 75\% = 10$ $60\%-74\% = 7$ $40\%-59\% = 5$ $25\%-39\% = 3$ $\leq 24\% = 0$		
Households being discharged from projects due to noncompliance or a disagreement with the project rules or persons	Less than 10% of households are discharged due to negative causes	$< 10\% = 5$ $10\%-15\% = 3$ $\geq 16\% = 0$		
Program maintains adequate data quality in HMIS	See Data Quality Tab	15	N/A	

Final Score:	0
Maximum Points Available:	100

Bergen CoC 2026 Data Quality Report

Goal #1: Universal Data Elements are Complete

No more than 2% incomplete data for PSH. Total possible points: 10

Total People Served in Program:	1	Total Adults Served in Program:		1	Total Adults Discharged:	1	
Universal Data Element	Null/ Missing	%	Unknown/Don't know/Refused	%	Total incomplete	Max Score	Final Score
1. Name	0	0.0%	0	0.0%	0.0%	1	
2. SSN	0	0.0%	0	0.0%	0.0%	1	
3. Date of Birth	0	0.0%	0	0.0%	0.0%	1	
4. Race & Ethnicity	0	0.0%	0	0.0%	0.0%	1	
5. Veteran Status	0	0.0%	0	0.0%	0.0%	1	
6. Disabling Condition	0	0.0%	0	0.0%	0.0%	1	
7. Residence Prior to Entry	0	0.0%	0	0.0%	0.0%	1	
8. Relationship to Head of Household	0	0.0%	0	0.0%	0.0%	1	
9. Destination	0	0.0%	0	0.0%	0.0%	2	
Total:						10	0

Goal #2: HMIS Data Compliance

Total Possible Points: 10

All annual updates have been entered for clients when applicable (5 pt max)	Score:	
(PSH/RRH Projects only) For clients entering a PH program in 2025, agency is entering accurate admission and permanent housing move-in dates showing when the household was accepted into the program versus when they found housing and moved in (5 pt max)	Score:	
Total:		0

Total HMIS Data Quality Score

Total Possible Points: 20

Goal #1: Universal Data Elements are Complete	0
Goal #2: HMIS Data Compliance	0
	0
	20

New Project Scoring Tools

Agency	
Project Name	
Project Type	
DV Focused Project?	
Total Proposed Units	
Total Proposed Beds	
Total Funding Request	

All DV Projects	Possible Score	Score (yes/no)
1. Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.	5	
Section Total	5	

Project Information Questions for All New Projects	Possible Score	Score
<i>Agency Experience & Capacity</i>		
1. Applicant has a history of successfully administering local or federal funds and completing reporting requirements.	10	
2. Applicant provides (1) depth and breadth of experience providing similar housing services to the homeless; and (2) Depth and breadth of experience providing similar supportive services to the homeless.	10	
<i>Project description & Implementation</i>		
1. Applicant Provides a complete and concise description that addresses the entire scope of the proposed project. In order to receive full points, the narrative must address the entire scope of the project, including a (1) clear picture of the community/target population(s) to be served, (2) the plan for addressing the identified needs/issues of the CoC community/target population(s), and (3) projected outcome(s).	20	
2. Applicant demonstrates a plan for rapid implementation of the program. The project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.	5	
3. Applicant has a plan for integrating the program into the overall CoC system (CE, HMIS).	5	
4. The project budget will be supplemented with resources from other public or private sources which may include mainstream health, social and employment programs such as Medicaid, Medicaid, SSI, and SNAP.	5	
5. Applicant demonstrates how project will improve the CoC's system performance and that it is necessary to assist people in exiting homelessness and increasing self-sufficiency.	10	
6. Applicant demonstrates that supportive services are a requirement of the program.	10	
7. Applicant demonstrates ability to assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded units (e.g., case management, travel costs, arrange of assistance in another geographic area)	5	
Section Total	80	

New DV Rapid Rehousing Projects	Possible Score	Score
1. The provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.	5	
2. The type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.	10	
3. The applicant will partner with other entities (e.g., workforce development, employment training programs, institutes of higher education) that can help program participants obtain and increase the income.	5	
4. The applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.	5	
5. The average cost per household served for the project is reasonable.	5	
6. The project will have substance use treatment available on-site (5 points) or off site (2.5 points).	5	
7. Bonus 2 points: The project operates sober housing	Bonus	
Section Total	35	

Project Budget - All New Projects	Possible Score	Score
1. Budget items correlate with program design, goals and performance	5	
Section Total	5	

Total Max Points 125
Total Objective Points 125

Agency	
Project Name	
Project Type	
DV Focused Project?	
Total Proposed Units	
Total Proposed Beds	
Total Funding Request	

All DV Projects	Possible Score	Score
1. Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.	5	
Section Total	5	

Project Information Questions for All New Projects	Possible Score	Score
<i>Agency Experience & Capacity</i>		
1. Applicant has a history of successfully administering local or federal funds and completing reporting requirements.	10	
2. Applicant provides (1) depth and breadth of experience providing similar housing services to the homeless; and (2) Depth and breadth of experience providing similar supportive services to the homeless.	10	
<i>Project description & Implementation</i>		
1. Applicant Provides a complete and concise description that addresses the entire scope of the proposed project. In order to receive full points, the narrative must address the entire scope of the project, including a (1) clear picture of the community/target population(s) to be served, (2) the plan for addressing the identified needs/issues of the CoC community/target population(s), and (3) projected outcome(s).	20	
2. Applicant demonstrates a plan for rapid implementation of the program. The project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.	5	
3. Applicant has a plan for integrating the program into the overall CoC system (CE, HMIS).	5	
4. The project budget will be supplemented with resources from other public or private sources which may include mainstream health, social and employment programs such as Medicaid, Medicaid, SSI, and SNAP.	5	
5. Applicant demonstrates how project will improve the CoC's system performance and that it is necessary to assist people in exiting homelessness and increasing self-sufficiency.	10	
6. Applicant demonstrates that supportive services are a requirement of the program.	10	
7. Applicant demonstrates ability to assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded units (e.g., case management, travel costs, arrange of assistance in another geographic area)	5	
Section Total	80	

New Transitional Housing		
1. The project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing.	10	
2. The applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months.	5	
3. The applicant has previously operated or currently operates a transitional housing or another homelessness project, or has a plan in place to ensure that at least 50% of participants exit within 24 months and at least 50% exit with employment income.	5	
4. The project demonstrates that the it will provide 20 hours per week of customized services for each participant. The 20 hours a week may be reduced proportionately for participants who are employed and does not apply to participants over age 55 or who have a physical or development disability.	10	
5. The project will assess the service needs of program participants, and create service plans for each participant that include: the services provided, the frequency and timing of those services, the entity responsibly for providing the services, the participants goals, the strategies for achieving those goals, and target dates for achievement to focus on improved health, housing stability, and increased employment income.	10	
6. The average cost per household served for the project is reasonable.	5	
7. The project will have substance use treatment available on-site (5 points) or off site (2.5 points).	5	
8. The project will require program participant engagement in substance use treatment services as a condition of continued participation in the program	5	
9. Bonus 2 points: The project operates sober housing	Bonus	
Section Total	55	

Project Budget - All New Projects		
1. Budget items correlate with program design, goals and performance	5	
Section Total	5	

Max Points 145
Max Objective Points 145

Agency	
Project Name	
Project Type	
DV Focused Project?	
Total Proposed Units	
Total Proposed Beds	
Total Funding Request	

Project Information Questions for All New Projects	Possible Score	Score
<i>Agency Experience & Capacity</i>		
1. Applicant has a history of successfully administering local or federal funds and completing reporting requirements.	10	
2. Applicant provides (1) depth and breadth of experience providing similar housing services to the homeless; and (2) Depth and breadth of experience providing similar supportive services to the homeless.	10	
<i>Project description & Implementation</i>		
1. Applicant Provides a complete and concise description that addresses the entire scope of the proposed project. In order to receive full points, the narrative must address the entire scope of the project, including a (1) clear picture of the community/target population(s) to be served, (2) the plan for addressing the identified needs/issues of the CoC community/target population(s), and (3) projected outcome(s).	20	
2. Applicant demonstrates a plan for rapid implementation of the program. The project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.	5	
3. Applicant has a plan for integrating the program into the overall CoC system (CE, HMIS).	5	
4. The project budget will be supplemented with resources from other public or private sources which may include mainstream health, social and employment programs such as Medicaid, Medicaid, SSI, and SNAP.	5	
5. Applicant demonstrates how project will improve the CoC's system performance and that it is necessary to assist people in exiting homelessness and increasing self-sufficiency.	10	
6. Applicant demonstrates that supportive services are a requirement of the program.	10	
7. Applicant demonstrates ability to assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded units (e.g., case management, travel costs, arrange of assistance in another geographic area)	5	
Section Total	80	

New SSO - Standalone Projects		
1. The proposed project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants.	5	
2. The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	10	
3. Demonstrate the average cost per household served for the project is reasonable.	5	
Section Total	20	

Project Budget - All New Projects		
1. Budget items correlate with program design, goals and performance	5	
Section Total	5	

Max Points 105
Max Objective Points 105

Agency	
Project Name	
Project Type	
DV Focused Project?	
Total Proposed Units	
Total Proposed Beds	
Total Funding Request	

Project Information Questions for All New Projects	Possible Score	Score
<i>Agency Experience & Capacity</i>		
1. Applicant has a history of successfully administering local or federal funds and completing reporting requirements.	10	
2. Applicant provides (1) depth and breadth of experience providing similar housing services to the homeless; and (2) Depth and breadth of experience providing similar supportive services to the homeless.	10	
<i>Project description & Implementation</i>		
1. Applicant Provides a complete and concise description that addresses the entire scope of the proposed project. In order to receive full points, the narrative must address the entire scope of the project, including a (1) clear picture of the community/target population(s) to be served, (2) the plan for addressing the identified needs/issues of the CoC community/target population(s), and (3) projected outcome(s).	20	
2. Applicant demonstrates a plan for rapid implementation of the program. The project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.	5	
3. Applicant has a plan for integrating the program into the overall CoC system (CE, HMIS).	5	
4. The project budget will be supplemented with resources from other public or private sources which may include mainstream health, social and employment programs such as Medicaid, Medicaid, SSI, and SNAP.	5	
5. Applicant demonstrates how project will improve the CoC's system performance and that it is necessary to assist people in exiting homelessness and increasing self-sufficiency.	10	
6. Applicant demonstrates that supportive services are a requirement of the program.	10	
7. Applicant demonstrates ability to assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded units (e.g., case management, travel costs, arrange of assistance in another geographic area)	5	
Section Total	80	

New Street Outreach Projects		
1. The proposed project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	10	
2. Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.	5	
3. The applicant has experience providing outreach services, or a plan for providing outreach services, and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.	5	
4. The average cost per household served for the project is reasonable.	5	
Section Total	25	

Project Budget - All New Projects		
1. Budget items correlate with program design, goals and performance	5	
Section Total	5	

Max Points 110
Max Objective Points 110

Budget worksheets for all projects

2026 Continuum of Care Budget Worksheet

1. Please complete each tab as it relates to your individual project. If there is no funding being requested for a specific budget line item please leave this tab blank.

2. Only enter information in the light green shaded boxes.

3. DO NOT enter any information in the light gray shaded cells, as these contain formulas that will automatically calculate totals and percentages.

4. All projects must complete the Project Information and Match & Leveraging tab.

5. Before submission with the concept paper ensure the Summary Budget tab matches the amount of funds you are looking to request.

*For renewal programs - the amount you are requesting **should not exceed** the amount awarded in the previous round of funding.

Leasing Units Budget		
Unit Size	# of Units	Total CoC Request
SRO		
0 bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
	Total	\$ -

Leased Structure Budget (for SSO projects)		
Monthly Rent	Months	Total Annual Request
	12	\$ -

* If this is a new **leasing project for housing units** you may request up to the Fair Market Rent for the Unit Size (see FMRs for 2026 below). If this is **leasing of a structure**, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

Rental Assistance Budget					
Unit Size	# Units	2026 FMR	Rental Assistance Requested	Months	Total CoC Request
SRO		\$ 1,333.50		12	\$ -
0 bedroom		\$ 1,778.00		12	\$ -
1 bedroom		\$ 2,024.00		12	\$ -
2 bedroom		\$ 2,324.00		12	\$ -
3 bedroom		\$ 2,835.00		12	\$ -
4 bedroom		\$ 3,618.00		12	\$ -
				Total	\$ -

* Rental Assistance programs may request less than the FMR if they choose too, otherwise **please use the 2026 FMRs listed**. FMRs can also be found online here:
<https://www.huduser.gov/portal/datasets/fmr.html#2022>

Supportive Services Budget

Supportive Services Budget		
Eligible Costs	Quantity and Description	CoC Funds Requesting
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
Total		\$ -

Operating Budget		
Eligible Costs	Quantity and Description	CoC Funds Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease/buy)		
Total		\$ -

HMIS Budget	
Eligible Costs	CoC Funds Requested
1. Equipment: Computer equipment upgrades	
2. Software: User license, support tools	
3. Services: Training customization, interfacing recovery	
4. Personnel: Staff	
5. Space & Operations: Training locations, conferences, and operational costs	
Total	\$ -

Summary Budget	
Total Leased Units	\$ -
Total Leased Structures (for SSO)	\$ -
Total Rental Assistance	\$ -
Total Supportive Services	\$ -
Total Operating	\$ -
Total HMIS	\$ -
Subtotal Funding Requested:	\$ -
Admin Costs	
Total CoC Funding Requested	\$ -
Total Budget for Match Requirement	\$ -

***Admin costs should not exceed 10% of the Subtotal of budget line items or the amount awarded during the previous round of funding (whichever is lower)**

Match and Leveraging

Match		
Total Match Required		\$ -
Total Match Percentage		#DIV/0!
Contributer	Cash or In-Kind?	Value of Commitment
Total Match		\$ -

Leveraging		
Total Leveraging Percentage		#DIV/0!
Contributer	Cash or In-Kind?	Value of Commitment
Total Leveraging		\$ -

1D-2c

Local Competition Selection Results

Rank	Agency	Project Name	Score	Status	Requested Funding Amount	Reallocated Funds
1	County of Bergen	Bergen HMIS Project	100.00%	Accepted	\$108,900	\$0
2	Advance Housing, Inc.	Fairview McKinney	92.68%	Accepted	\$230,852	\$0
3	Vantage Health System, Inc.	Opening Doors FY2024	91.67%	Reduced Reallocated	\$1,243,631	(\$202,451)
4	Vantage Health System, Inc.	Knickerbocker FY 2024	89.37%	Accepted	\$284,373	\$0
5	Advance Housing, Inc.	AAH Bergen Supportive Housing	86.88%	Accepted	\$321,626	\$0
6	Housing Authority of Bergen County	Vantage Van Sciver 2024-25 Renewal	86.73%	Reduced Reallocated	\$115,587	(\$51,930)
7	Housing Authority of Bergen County	Housing Works 2 2024-25 Renewal	82.18%	Reduced Reallocated	\$142,034	(\$44,853)
8	Housing Authority of Bergen County	Family Guidance 2024-25 Renewal	82.04%	Reduced Reallocated	\$127,918	(\$44,944)
9	Advance Housing, Inc.	Advance Support Living Program (HoST)	82.95%	Accepted	\$532,343	\$0
10	Housing Authority of Bergen County	Links 2 2024-25 Renewal	79.23%	Reduced Reallocated	\$70,047	(\$23,349)
11	Vantage Health System, Inc.	Links FY2024	75.57%	Accepted	\$73,396	\$0
12	Housing Authority of Bergen County	Housing Works 4 Grant Consolidation 2024-25 Renewal	66.19%	Reduced Reallocated	\$1,384,172	(\$263,652)
13	Center for Hope and Safety Inc	NEW Transitional Housing for Victims of Domestic Violence	98.31%	Accepted	\$434,913	\$434,913
14	Advance Housing, Inc.	NEW Moving On: Supportive Services Only	98.21%	Accepted	\$226,911	\$226,911
15	Center for Hope and Safety Inc	NEW Rapid Rehousing for Victims of Domestic Violence	90.00%	Accepted	\$1,229,101	\$1,229,101
16	Greater Bergen Community Action, Inc.	CoC Renewal FY2024	93.08%	Accepted	\$94,949	\$0
17	Center for Hope and Safety Inc	E1 Renewal 2024 for FY2025	94.72%	Accepted	\$16,531	\$0
18	County of Bergen	Alfred J. Thomas Home for Veterans	84.48%	Accepted	\$94,433	\$0
19	Center for Hope and Safety Inc	TH/RRH Renewal 2024 for FY2025	74.63%	Reduced Reallocated	\$451,829	(\$355,008)
20	Collaborative Support Programs of New Jersey	Bergen CSPNJ Permanent Supportive Housing	64.81%	Reduced Reallocated	\$374,389	(\$184,400)
N/A	Bergen County Community Development	FY 2026 Planning Grant	N/A	Accepted	\$604,853	\$0
Not Ranked	Center For Hope And Safety (formerly Shelter Our Sisters)	B2T Renewal 2023 for FY2024	N/A	Fully Reallocated	\$0	(\$23,358)
Not Ranked	Care Plus NJ, Inc.	Rapid Re-Housing for Families & Individuals	N/A	Fully Reallocated	\$0	(\$696,978)
Not Ranked	Vantage Health System	FY2026 TH Knickerbocker	96%	Rejected	\$0	\$0
Not Ranked	ADVANCE HOUSING INC	HoST Transitional Housing	97%	Rejected	\$0	\$0
Not Ranked	Families for Families	Strengthening Foundations to Promote Self-Sufficiency	90.95%	Rejected	\$0	\$0
Not Ranked	Care Plus NJ, Inc.	Housing Search and Navigation	96.19%	Rejected	\$0	\$0

2A-8b

FY 2026 HDX Competition Report

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

NJ-501 - Bergen County CoC

HDX Data Submission Participation Information

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

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

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

NJ-501 - Bergen County CoC

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

LSA Usability Status 2025

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

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

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	524	121.1	51.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	709	166.6	73.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	615	198.5	90.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	800	226.1	109.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

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

	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	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from ES	185	6	3.2%	6	3.2%	2	1.1%	14	7.6%
Exit was from TH	59	3	5.1%	0	0.0%	2	3.4%	5	8.5%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	114	0	0.0%	1	0.9%	1	0.9%	2	1.8%
TOTAL Returns to Homelessness	358	9	2.5%	7	2.0%	5	1.4%	21	5.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	715
Emergency Shelter Total	530
Safe Haven Total	0
Transitional Housing Total	189

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	162
Number of adults with increased earned income	21
Percentage of adults who increased earned income	13.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

Metric	Value
Universe: Number of adults (system stayers)	162
Number of adults with increased non-employment cash income	78
Percentage of adults who increased non-employment cash income	48.2%

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

Metric	Value
Universe: Number of adults (system stayers)	162
Number of adults with increased total income	95
Percentage of adults who increased total income	58.6%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	42
Number of adults who exited with increased earned income	15
Percentage of adults who increased earned income	35.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

Metric	Value
Universe: Number of adults who exited (system leavers)	42
Number of adults who exited with increased non-employment cash income	13
Percentage of adults who increased non-employment cash income	31.0%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	42
Number of adults who exited with increased total income	27
Percentage of adults who increased total income	64.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

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

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	531
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.	67
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)	464

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	658
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.	103
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.)	555

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	0
Of persons above, those who exited to temporary & some institutional destinations	0
Of the persons above, those who exited to permanent housing destinations	0
% Successful exits	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

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

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	531
Of the persons above, those who exited to permanent housing destinations	246
% Successful exits	46.3%

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	323
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	318
% Successful exits/retention	98.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-501 - Bergen County CoC

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

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	533	189	370	230	115
Total Leavers (HMIS)	368	99	24	98	0
Destination of Don't Know, Refused, or Missing (HMIS)	37	9	0	0	0
Destination Error Rate (Calculated)	10.1%	9.1%	0.0%	0.0%	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

NJ-501 - Bergen County CoC

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

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	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

NJ-501 - Bergen County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	215	215	215	0	215	100.0%
SH	0	0	0	0	0	NA
TH	166	166	166	0	166	100.0%
RRH	102	102	102	0	102	100.0%
PSH	514	364	514	0	514	70.8%
OPH	209	8	209	44	165	4.8%
Total	1,206	855	1,206	44	1,162	73.6%

2025 HDX Competition Report

2026 Competition Report

NJ-501 - Bergen County CoC
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	215	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	166	0	0	0	0	NA
RRH	102	0	0	0	0	NA
PSH	514	0	0	0	0	NA
OPH	209	0	0	0	0	NA
Total	1,206	0	0	0	0	NA

2025 HDX Competition Report

2026 Competition Report

NJ-501 - Bergen County CoC

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	215	215	215	100.00%
SH	0	0	0	NA
TH	166	166	166	100.00%
RRH	102	102	102	100.00%
PSH	514	364	514	70.82%
OPH	209	8	165	4.85%
Total	1,206	855	1,162	73.58%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NJ-501 - Bergen County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

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

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

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

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

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

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

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

2025 HDX Competition Report

2026 Competition Report - PIT Summary

NJ-501 - Bergen County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/27/26	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	171	194	204
Safe Haven Total	0	0	0
Transitional Housing Total	92	112	97
Total Sheltered Count	263	306	301
Total Unsheltered Count	40	43	15
Total Sheltered and Unsheltered Count*	303	349	316

- 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	0	4	23
Total Unsheltered Count	12	8	3
Total	12	12	26

3A-1

HUD-2996 Certification for Opportunity Zone Preference Points

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: Bergen County Division of Community Development

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).

HUD CoC 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."

34003011400; 34003015100; 34003023301; 34003023301; 34003015401; 34003017301; 34003023301; 34003023201; 34003021500; 34003023202

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."

About 46% of the CoC's requested funding will support projects located within qualified Opportunity Zones (OZs), including Permanent Supportive Housing (PSH) and Transitional Housing (TH) projects. By concentrating investment in these economically distressed census tracts, the CoC will facilitate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for households residing within these Opportunity Zones.

CoC Program funds will be paired with mainstream public resources, including Medicaid-funded housing supports and TANF/WFJ, drawing additional public dollars into OZ communities and sustaining long-term housing stability. Stably housed residents will strengthen local rental markets and consumer spending, while partnerships with landlords, nonprofit developers, healthcare systems, and employers encourage private investment in housing and services within OZs. Landlord engagement and master-leasing strategies in PSH help preserve and expand quality affordable housing stock in these neighborhoods. CoC-funded TH and PSH projects connect participants to local workforce boards, job centers, vocational training, and registered apprenticeship programs, increasing earned income and enabling participants to become employees, renters, and contributors to the local economy.

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

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

Certification of Authorized Representative for the Applicant:

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

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

Prefix: Ms. First Name: Natalie Middle Initial: Last Name: Ramey Suffix:

Title: Senior Program Director Organization: Bergen County Division of Community Development

Signature:  Date: 09/30/2026

3A-DP

Your CoC's Policy or Statement to Advance Recovery

Bergen County Continuum of Care (CoC)
Certification to Advance Recovery

The Bergen County Continuum of Care is committed to helping people experiencing homelessness achieve stability, health and recovery. We recognize that substance use disorders are factors that may contribute to homelessness and so recovery should be encouraged through all CoC funded projects. For this reason, the CoC is asking all CoC funded providers to certify the following:

- CoC-funded housing projects will not operate drug injection sites or “safe consumption sites”, knowingly distribute drug paraphernalia on or off property under its control, knowingly permit the use or distribution of illicit drugs on property under its control, or conduct any of these activities under the pretext of “harm reduction”; and
- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

- The Bergen County Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: Advance Housing, Inc.

Names of CoC Funded Projects: Advance Supportive Living Program (HoST), Fairview McKinney, AAH Bergen Supportive Housing

Grazyna Gawryluk
Name


Signature

VP of Program Operations
Title

9-24-26
Date

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Agency Certification:

Agency Name: Bergen County Department of Human Services

Names of CoC Funded Projects: Alfred J. Thomas Home for Veterans (AJTHV)

Melissa H. DeBartolo Esq.
Name

Melissa DeBartolo
Signature

Director, Bergen County DHS
Title

9/23/20
Date

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Agency Certification:

Agency Name: Center for Hope and Safety, Inc.

Names of CoC Funded Projects: E1 Renewal 2024 for 2025, TH/RRH Renewal 2024 for FY 2025, Transitional Housing for Victims of Domestic Violence 2026, Rapid Rehousing for Victims of Domestic Violence 2026

Kristine Pendy

Name



Signature

CEO

Title

09/29/2026

Date

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Agency Certification:

Agency Name: Collaborative Support Programs of New Jersey

Names of CoC Funded Projects: Bergen CSPNJ Permanent Supportive Housing

Joan Butcher-Farkas, MSW
Name

Signature

Director of Public Housing
Title

Date


9.23.2026

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Agency Certification:

Agency Name: **Greater Bergen Community Action**

Names of CoC Funded Projects: **The Ladder Project**

Alison DuBois, LCSW, LCADC

Name

Alison DuBois

Signature

Vice President of Community Services Division

Title

09/23/2026

Date

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Agency Certification:

Agency Name: Vantage Health System, Inc

Names of CoC Funded Projects: Links, Opening Doors, Knocked Together

Teresa A McMahon
Name

[Signature]
Signature

President & CEO
Title

9/22/26
Date

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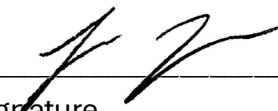
Agency Certification:

Agency Name: Housing Authority of Bergen County

Names of CoC Funded Projects: CoC Housing Works 2 & 4, Family Guidance, Links 2 and Van Sciver

Shahin Rahvar

Name



Signature

Director of Policy & Programs

Title

9/30/2026

Date