

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: AR-503 - Arkansas Balance of State CoC

1A-2. Collaborative Applicant Name: Ouachita Children, Youth, and Family Services, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Ouachita Children, Youth, and Family Services, Inc

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	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
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	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	0

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	0
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	2
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	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	0
40.	State Sexual Assault Coalition	Yes	0
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
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 Arkansas Balance of State CoC maintains a standing open invitation to the public to join our CoC on our website. This web page lists the email address of a Collaborative Applicant staff person with instructions to contact this person to connect with the CoC. Our website also features a contact form for anyone to reach out to us regarding any matter, and many responses submitted on this form are from people interested in joining the CoC. Because our CoC covers such a vast geography, we subdivide our area into 9 smaller regions referred to as Local Homeless Coalitions (LHCs) to facilitate a more locally targeted community response. The LHC is where the work of the CoC takes place. Each LHC has regular meetings, elects officers, works together to develop community resources and response, and collaborates on service coordination. Each LHC also elects two voting representatives to the CoC Board. CoC Member Agencies participate in the CoC by participation in their LHC. For this reason, the Collaborative Applicant follows up with all inquiries from prospective members either through the contact form or direct email and connects the person to their LHC.

Additionally, AR BoS also posts open invitations on our Facebook page periodically throughout the year with contact information for those interested in joining. Again, the Collaborative Applicant follows up with anyone who responds to connect them with their LHC.

Finally, AR BoS has developed outreach materials including a flyer and brochure that are distributed to member agencies throughout our geography for use in engaging prospective members.

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)

AR BoS strives to ensure that we are connected to individuals and organizations working with individuals that are homeless to talk to them about their work, their passion, and how they can be involved. We maintain a Community Dashboard on our website that gives up-to-date numbers on persons/households served, services provided, and outcomes, as well as a report of our latest PIT count results. Also, our contact form is available for public feedback/input. We also utilize our Facebook page to solicit public opinions and feedback.

We actively solicit opinions of individuals with lived experience by recruiting them as CoC members and board members and by talking with them about their experiences in the service systems throughout our CoC. We have an active Housing Solutions committee that is working with landlords, housing developers, and city officials to find innovative ways to increase the inventory of affordable housing. Our LHCs diligently recruit stakeholders from all sectors to attend meetings, give presentations and trainings, and collaborate with us. Examples include law enforcement and court officials who see the criminal justice system involvement aspect of homelessness and are interested in getting individuals the services they need to divert them from criminal justice involvement; healthcare providers who understand social determinants of health and know how detrimental homelessness can be; substance use disorder and mental health treatment staff who are aware of the prevalence of SUD and mental illness in the homeless population; educators and other school personnel who know the impact an unstable home life can have on academic performance and want their students to be able to achieve; local government officials who want to reduce homelessness as a matter of public safety; and others.

We consider all opinions in determining policy/procedures and courses of action. We believe that each perspective shines light on an aspect of the issue that would likely be overlooked otherwise. Listening to experts from different backgrounds ensures we build a holistic approach and avoid the pitfalls of group think. In this way, we create a robust response to homelessness in our communities.

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

(limit 2,500 characters)

AR BoS maintains a “Grants and Bids” page on its public website that lists the most current CoC NOFO information. On this page, we posted the announcement of the FY26 NOFO with links to the NOFO as well as the CoC Program homepage and the CoC Competition homepage. We posted the deadline for submitting projects to our Rank & Review committee and the email address the projects should be sent to. We posted the scoring rubrics we would use and the date that Rank & Review results would be announced. We also recorded a training video on the use of the e-snaps portal and the steps to complete a project application. This video was primarily geared toward first-time applicants. We posted that video on the AR BoS YouTube channel and linked to it on our “Grants and Bids” web page. In addition, we made multiple Facebook posts announcing the NOFO competition and linking to our “Grants and Bids” page and our YouTube training video. Finally, we sent out multiple email blasts to our membership with all of this information and links and encouraged anyone interested, including faith-based organizations, to apply and/or reach out to the Collaborative Applicant with any questions. We encouraged recipients of the email to share the information with other interested parties also. We did receive a number of applications from organizations that have not previously received CoC Program funding. These organizations are: Friends of Hot Springs Community Resource Center, St. Bernard’s Development Foundation, Community Action Program for Central Arkansas, and Adult & Teen Challenge of Arkansas. All project applications submitted were accepted for Rank & Review. No project applications were rejected.

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)

AR BoS recognizes a gap in our CoC's current homelessness system, particularly in regard to Permanent Housing (PH) programs. We have no PH-PSH projects in our CoC. We have only one PH-RRH project and one Joint TH/RRH project funded under the CoC Program. Both are awarded to DV shelters, and, therefore, serve only that subpopulation. Veterans have resources available to them through programs such as HUD-VASH and SSVF. Other subpopulations in need of RRH services must rely on ESG RRH or charitable donations from local resources such as faith-based organizations. We consistently hear stakeholder feedback about the lack of affordable housing and how the lack of rental assistance exacerbates this problem. Over 80% of respondents to our CE assessment state that they need help finding affordable housing. This is the most frequently requested service, with security deposit assistance coming in second place at nearly 76%.

Under the oversight of the CoC Board, we will implement the following strategies to address these needs: utilize our CE system to triage existing resources to households with the greatest vulnerability (occurring now); employ Diversion & Rapid Exit housing problem solving strategies to help resolve housing crises wherever possible (occurring now); expand resources by submitting new RRH, PSH, TH, and SSO projects for CoC Program funding year over year (occurring now); work with our partners to pursue other grant funding (occurring now); strengthen community partnerships with agencies like 100 Families that utilize a strong network of local faith-based organizations to provide short-term flexible subsidies to meet the needs of families experiencing homelessness (6-9 months); provide supportive services focused on increasing employment income wherever possible and/or leverage mainstream resources such as SNAP, TANF, SSI, SSDI, HCV, etc.; and connect households to services needed to address chronic disabilities, health/mental health and SUD conditions, histories of abuse, and barriers to employment (occurring now). Proposed performance measures include: 25% of households exit programs with increased income; 60% are referred and participate in supportive services; 75% participate in case management agreements.

SSO-CE (if funded) will support further development of CE triage processes. Planning Grant will support strengthening partnerships and supporting our partners in seeking alternative grant funds.

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?	0%

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

(limit 2,500 characters)

AR BoS is identified as a rural CoC. All 46 counties in AR BoS are part of state-funded SUD treatment catchment areas, ensuring that all residents of AR BoS have access to affordable SUD treatment services. Arkansas DHS confirms that state-funded SUD treatment is specifically available to the uninsured, which is especially important given that many people experiencing homelessness are uninsured or underinsured. There are also multiple providers that accept Medicaid, Medicare, private insurance, and self-pay, with many offering sliding fees as well.

People access services in several ways: self-referral or direct contact; referral from case managers; referral from healthcare providers; referral from court systems; and through the Arkansas Mental Health & Addiction Support Line. This support line is available M-F 8-5 to help people find appropriate providers in their area.

Transportation can be a challenge for residents of our most rural counties. Although several such counties have no physical facilities within their boundaries, many of the providers do offer telehealth services. Medicaid Non-Emergency Transportation can fill the gap for Medicaid participants, and public transit within certain geographic areas can transport clients to treatment. However, there is a remaining gap for rural residents without transportation who do not qualify for Medicaid NET. This is one area where supportive services funding can be utilized to ensure our clients have transportation to access much-needed treatment services.

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)

In addition to state-funded SUD outpatient services covering all 46 counties in AR BoS, our CoC also takes part in a statewide Community Mental Health Center system that covers our entire geography and includes outpatient services for uninsured and underinsured people. The state's CMHC contract emphasizes services for people with serious mental illness, crisis response, community-based treatment, care coordination, and diversion from hospitalization, jail, and emergency departments. Arkansas DHS describes the CMHCs as the mechanism through which people without health insurance can obtain basic through intensive mental health services, demonstrating a range of appropriate levels of care. These providers offer a range of services, including psychosocial interventions, medication management, suicide prevention and crisis intervention, and recovery supports. Additionally, we have a substantial network of Medicaid/private-insurance outpatient providers, hospital-affiliated behavioral-health clinics, independent counseling practices, psychiatric practices, school-based services, and telehealth services available for residents of our CoC geography. Our CoC partners with these providers by educating clients about the treatment options available to them, referring clients to the best fit provider for their needs, providing supportive services needed to ensure the client can reliably access the services, and following up with clients to ensure their treatment needs are being met. Supportive services are especially important where transportation is a barrier, mostly in rural areas. Our member agencies carefully coordinate services to ensure clients can attend their appointments. Thus, Arkansas' extensive network of state-funded SUD treatment providers coupled with its equally comprehensive CMHC network ensures all residents of AR BoS have access to quality affordable outpatient treatment services for both mental health and substance use disorders with a range of service modalities and intensities to fit each individual's specific needs.

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)

AR BoS has several member agencies that provide access to peer recovery specialists, including Called2Grow, Harbor House, and Arisa Health. Additionally, there are myriad partner agencies throughout our geography that offer these services as well. The Arkansas Model of Peer Recovery is a progressive peer recovery model that includes three levels of peer specialist certification, each building on the previous level(s). Agencies throughout the state utilize this training for their peer recovery specialists. Arkansas has also implemented the P.A.C.T. (Peers Achieving Collaborative Treatment) Project, placing certified peer specialists directly inside locations where persons in need of SUD treatment and recovery support are often encountered such as emergency rooms, drug courts, shelters/transitional housing facilities, jails, etc., throughout the state. Additionally, we have Recovery Community Organizations, such as NEA Divine Intervention serving northeast Arkansas, that support individuals in building a life centered around recovery. Our CoC partners with these agencies by assessing client needs, making referrals to best fit providers, providing supportive services as needed to facilitate access to services, and following up with clients to ensure their needs are being met. Supportive services are especially important where transportation is a barrier, mostly in rural areas. Our member agencies carefully coordinate services to ensure clients can attend their appointments. This varied and extensive network of peer recovery resources helps ensure that our clients always have access to the level of support they need to be successful in their recovery journey.

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)

AR BoS utilizes multiple methods to identify individuals potentially experiencing Serious Mental Illness (SMI), including CE assessment, street outreach, shelter/TH assessments, behavioral health screening, self-report, observed functional impairment, data from referral sources, previous diagnoses, disability documentation, etc. When a person is identified as potentially experiencing SMI, they are connected with a qualified behavioral health provider for assessment and treatment. AR BoS partners with several organizations providing community-based and assertive outreach that can meet the individual where they are and connect them with comprehensive behavioral health treatment and supportive services. One example is the Ouachita Behavioral Health & Wellness PATH Program. For individuals who have difficulty engaging in conventional office-based services, outreach and partner agencies work to maintain engagement and address barriers to care. Regular collaborative case conferencing further supports intensive care coordination by facilitating additional warm hand-offs to other agencies as needed to fill service gaps and ensure a holistic approach. Case conferencing also identifies when a client has not connected with a referral and gives the referring agency an opportunity to re-engage the client and provide additional supportive services as needed. Such supportive services may include transportation, further warm hand-off facilitation, coordinating child care, assisting with eligibility or scheduling, or addressing other barriers. This follow-up opportunity increases the likelihood of a successful connection with treatment and helps prevent premature program exits for “noncompliance” when an incomplete referral may actually result from unaddressed barriers. This helps ensure individuals most in need of mental health treatment receive the support they need to access and engage with those services, thus increasing the likelihood that they will become and remain stably housed.

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)

Arkansas State Hospital; University of Arkansas for Medical Sciences; Veterans Administration; Harbor House

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)

Justice-involved residents of Arkansas have access to an extensive network of community-based treatment options through the Arkansas Administrative Office of the Courts Specialty Courts Program, which includes adult and juvenile drug courts, DWI courts, veterans' treatment courts, mental health courts, and other specialty courts. The Specialty Courts Program works with the Arkansas State Hospital as well as the University of Arkansas for Medical Sciences (UAMS) to provide statewide treatment services. The AR State Hospital offers inpatient psychiatric treatment for civil commitment for residents of any county, and UAMS offers telehealth and other outpatient behavioral health and SUD treatment options statewide. Several of the Specialty Courts, such as the First Judicial Circuit Drug Court serving eastern Arkansas, have treatment/counseling components directly integrated into the court team, often including peer recovery specialists. Specialty Courts contract with various community providers throughout the state, several of which participate in our CoC such as Harbor House. Regardless of whether the treatment provider is a CoC member agency, a community partner, or part of the court team, AR BoS stands ready to support the Specialty Courts' efforts to guide individuals' journey to recovery by accepting referrals for services including transitional housing and/or sober living, employment services, housing supports, and other supportive services. AR BoS agencies serving Specialty Court participants collaborate with the court team to ensure objectives are being met and support is provided as needed to overcome any barriers to accessing or completing treatment and other services.

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)

Ouachita Behavioral Health & Wellness (includes PATH Program); Craighead Co. Crisis Stabilization Unit at St. Bernard's Medical Center

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.	12

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

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

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

(limit 500 characters)

Ouachita Behavioral Health & Wellness Projects for Assistance in Transition from Homelessness Program

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)

Ouachita Children, Youth, and Family Services, Inc. Joint TH/RRH 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)

AR BoS collaborates with the programs listed in 1C-1a through 1C-1i by leveraging our close-knit network of community partners throughout our geography. When one of these programs reaches out to our CoC either through a Coordinated Entry referral or by directly contacting a CoC member agency, AR BoS responds by contacting the individual in need, assessing their need, and working with them to navigate available resources serving their area. Available resources may include programs like ESG-HP, SSVF-HP, Housing Choice Voucher programs, or services available through organizations like 100 Families. Agency staff also engage individuals in crisis in housing problem solving conversations whenever possible. When a resource is identified, agency staff assist in connecting the individual with that resource and ensure the individual is able to access the service. If the individual identifies barriers to access, such as transportation, agency staff work to coordinate services to address those barriers.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$394,339
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.	\$1,364,818
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	346%
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.	\$341,205
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).	433%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	100.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The sole ESG recipient for the State of Arkansas is the Arkansas Development Finance Authority (ADFA). ADFA administers ESG funds to subrecipients throughout the state. AR BoS supports ADFA in the planning and allocation of ESG funds by reviewing ESG applications every year to eliminate duplication of services. The CoC Board reviews ESG applications and makes recommendations to ADFA accordingly. Furthermore, ADFA participates in CoC Board meetings and both offers and receives feedback on the partnership and overarching issues of homelessness in our region. The CoC supports ADFA in monitoring ESG program performance by providing data as appropriate as well as feedback on subrecipients' participation in Coordinated Entry and other CoC processes. AR BoS will continue to consult with and support ADFA and ESG subrecipients in these ways and will continue to seek ways to strengthen our partnerships.

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)

AR BoS coordinates with shelter providers as follows: Shelter providers can refer clients to AR BoS at any time using the CE assessment. The CE assessment is available 24/7 online. Clients can complete a self-assessment, or an agency staff person can assist. The assessment is automatically scored and ranked on the CoC's By Name List (BNL). In addition, email notifications are immediately triggered to alert the appropriate point of contact for the client's local community. That local contact follows up with the client to clarify service needs and engage the client in housing problem solving. If there is no permanent housing program with immediate capacity to serve the client, the local contact works with the client to help them navigate available resources in their area and seek alternative shelter options. AR BoS is working diligently with our local shelter providers to raise awareness of the Coordinated Entry process and how to access it. We are utilizing print materials as well as on-demand video training to expand the reach of CE throughout our geography.

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)

AR-503 shares Point-in-Time count, Housing Inventory Count, Homeless Management Information System, and System Performance Measures data with state and local government in aggregate, de-identified form, as permitted by the Arkansas Management Information System Privacy Plan, Security Plan, and Privacy Notice approved by its Steering Committee. Client-level records are released only with written consent or as required by law, and victim service provider data only as aggregate counts from comparable databases.

The Continuum of Care publishes its Point-in-Time count on arboscoc.org, with an interactive 2025 dashboard and reports for each of its ten regional coalitions, so county judges, quorum courts, mayors, and city councils across 46 counties see totals for their own communities. The January 22, 2026 count (425 people; 226 sheltered, 199 unsheltered) and the 2026 Housing Inventory Count (387 year-round beds, 100% coverage) were submitted to the Homelessness Data Exchange on time and provided to the Arkansas Development Finance Authority, the state Emergency Solutions Grants recipient, to inform the State Consolidated Plan and grant allocation.

Because the Arkansas Management Information System is statewide, the Continuum produces aggregate reports (people served, utilization, exits, data quality) on request for state and local government plans, grant applications, and Emergency Solutions Grants or Community Development Block Grant consultations. Its public Community Snapshot Dashboard on arboscoc.org presents system indicators, and its data lead fills sub-regional requests such as count trend summaries for local coalitions.

Fiscal Year 2025 System Performance Measures, submitted to the Homelessness Data Exchange by the March 2026 deadline, are reviewed by the Continuum Board and distributed to members. Results (365 first-time homeless people, a 5.4% two-year return rate, 38% successful exits to permanent housing) are shared with the Authority and local grant subrecipient jurisdictions to target prevention and rapid re-housing funds.

By March 2027 the Steering Committee and Continuum will adopt a written data release protocol with a standard annual aggregate package (count, inventory, performance measures, system utilization) delivered to the Authority, the Arkansas Department of Human Services, and each county and city government in the Continuum; the Homeless Management Information System Lead is responsible.

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)

AR-503 uses data from outside the Homeless Management Information System in two established ways and is adding two more.

Through Fiscal Year 2026 Youth Homelessness Demonstration Program planning with the Arkansas Department of Human Services Division of Children and Family Services, the Continuum of Care obtains aggregate counts of youth exiting foster care at 18 and youth in extended foster care, by county.

Comparing these counts with system enrollments of youth ages 18-24 shows where youth leaving state custody are not reaching Coordinated Entry, directs outreach to those counties, and sized the transitional housing project the Continuum proposed under the demonstration program. Division caseworkers refer youth without a housing plan to Coordinated Entry before discharge. The Continuum's Youth Advisory Board (monthly since June 2026, about 15 youth with lived experience) reviews this data and helps to shape the response.

The Continuum uses Arkansas Department of Education McKinney-Vento homeless student counts reported by district liaisons across its 46 counties to identify family homelessness that the Point-in-Time count and the system miss (doubled-up and motel-staying families). Liaisons can refer families to Coordinated Entry access points and the Continuum's rapid re-housing projects funded by Emergency Solutions Grants. Families identified this way receive diversion and rapid exit case management while awaiting a housing referral.

AR-503 is building relationships with mental health providers to aggregate Projects for Assistance in Transition from Homelessness enrollment, crisis stabilization, and 988 Suicide and Crisis Lifeline referral data by county in Fiscal Year 2027, so the Continuum can align outreach coverage with need and confirm that people with serious mental illness who are experiencing homelessness are engaged by that program and placed on the By-Name List. Corrections data will follow. The Continuum will request monthly release counts or rosters from county jails in each regional coalition to identify people leaving incarceration without housing and connect them to Coordinated Entry upon release.

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)

AR BoS partners with multiple Arkansas Workforce offices throughout our geography. One such example is the Hot Springs Workforce Center, which is part of the Arkansas Division of Workforce Services. The Veterans Employment Representative from this agency attends CoC meetings regularly and works with us in coordinating employment services for veterans in our geography.

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)

Although AR BoS does not have an existing CoC-Program-funded SSO-Street Outreach project, many AR BoS agencies and community partners do perform street outreach as part of their programs funded through other sources. One such example is Ouachita Children, Youth, & Families' Runaway & Homeless Youth (RHY) program. Regardless of funding source, AR BoS cooperates with all agencies that frequently encounter persons experiencing homelessness, including law enforcement and first responders, to engage clients and increase positive interactions. Whether law enforcement or first responders reach out to an agency directly or assist the individual in contacting a crisis hotline, AR BoS member agency outreach workers and other staff stand ready to respond to a partner's call to quickly engage persons in need and connect them with CoC services. Additionally, our Coordinated Entry assessment is available 24/7 and serves as a front-door help request that immediately alerts local points of contact to the individual's need, thus prompting CoC response and engagement.

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)

AR BoS member agencies, whether funded under the CoC Program or not, regularly engage clients in housing problem solving conversations with the ultimate goal of reuniting families and/or support networks. These conversations help the individual explore their support networks to identify resources and alternative housing options. Another part of housing problem solving is mediation with family and/or friends to help resolve conflicts that may have caused a separation. Wherever possible and when funding availability and regulations permit, agencies may offer limited financial assistance to facilitate reunification. Additionally, agencies provide case management and work to coordinate supportive services such as transportation and also work with service providers in destination communities to coordinate support as needed. This housing problem solving strategy is a necessity in AR BoS due to the overall lack of permanent housing programs, e.g. PH-RRH, PH-PSH, Housing Choice Vouchers, etc., and the shortage of affordable housing options. Without ongoing rental assistance programs, many people's best, and sometimes only, option for sustainable housing is to reunite with family or other support networks in order to ease their rent burden. For this reason, AR BoS member agencies and community partners recognize the value of reunification and leverage all resources available toward that end.

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?	No	

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)

AR BoS opposes the criminalization of homelessness. Nevertheless, we do not interfere with law enforcement operations. We cooperate with local efforts to advance public safety objectives in several ways. Most importantly, we cultivate relationships with local law enforcement and other public officials. By building social capital with these agencies, we position ourselves to be the first call when individuals are perceived as a threat to public safety. Second, we provide outreach and education to those entities to ensure they are aware of services the CoC and our community partners can provide. Our goal is that the standard practice when encountering unsheltered individuals should be connecting them with appropriate services. Third, we actively outreach to unsheltered individuals with the goal of engaging them in services to move to alternative safe shelter, enroll in mental health and/or substance use treatment, etc., before an encounter with law enforcement becomes necessary. By following these practices, we both cooperate with local efforts to advance public safety and satisfy our ethical obligation to protect individuals experiencing homelessness from criminalization.

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)

Local laws, ordinances, etc., concerning tents and encampments vary widely throughout AR BoS. Our analysis finds that most areas have no specific laws or ordinances addressing this issue. We have identified the following ordinances: The city of Jonesboro has proposed Ordinance 26:038 that reads “(a) No person shall camp in any city park or city owned parking lot unless they are located in a designated camping area. (b) Camping means the erecting of a tent or shelter of natural or synthetic material, or preparing a sleeping bag or other bedding material for use, for the apparent purpose of overnight occupancy.” As of this writing, this ordinance has not yet been formally enacted, but it has been forwarded by committee to the full City Council and is likely to pass. Conway’s Code of Ordinances Title 12 prohibits camping, sleeping, or lodging in public parks and city owned/operated facilities between 10pm and 6am except by written permission from the Mayor’s office. In the context of this NOFO, we interpret “restrictive” here to mean policies that interfere with or prohibit the clearing of encampments. We have identified no such policies. The potential harm of the policies we have identified is that they contain no requirement for law enforcement to offer any services or make any referrals before removing individuals and/or issuing citations. Therefore, our plan relies heavily on cultivating strong partnerships with law enforcement agencies through outreach and education, strengthening community partner networks, quick response of outreach workers and other agency staff, and 24/7 availability of our CE assessment help request. These partnerships and quick response systems leverage social capital to give law enforcement officers options preferable to criminalization for individuals in encampments. We will also leverage “beneficial” policies through outreach efforts to unsheltered individuals in those areas advising them of the risks of remaining unsheltered. Although we have no centralized inventory of known encampment sites in our geography, we do know of at least 13 sites documented since 2024. We encountered a total of 199 unsheltered persons during our 2026 PIT Count. Raising awareness of anti-encampment policies and ensuring we have well-prepared response systems in the areas where affected sites and individuals have been identified puts us in the best position to protect those in need from criminalization while supporting public safety.

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)

Although we have no centralized, comprehensive inventory of encampment sites across all 46 counties in our geography, we do know of at least 13 sites documented in publicly available sources. A Conagra Brands Foundation grant announcement reported that Russ Bus, an agency that provides extensive street outreach and other services in the Russellville/Pope County area, operated nine homeless camps in the Russellville area. The Literacy Council of White County identifies one homeless encampment in Searcy that they serve. A Jonesboro Police Department report identifies one encampment site. Texarkana Police identified two separate encampment sites they cleaned up in 2024 and 2025, but it is not clear whether the sites have since repopulated. No additional encampment sites could be verified through the publicly available sources reviewed; however, this should not be interpreted to mean that additional encampments do not exist in AR BoS. The CoC's large, mostly rural geography makes maintaining a reliable real-time encampment inventory challenging, especially given the potential for isolation of camps in remote areas and the often transient nature of unsheltered sites.

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)

While Arkansas has statewide laws and policies such as the Arkansas Naloxone Access Act, Arkansas Good Samaritan protections, and Drug/Treatment Specialty Courts, local policies and practices vary widely throughout AR BoS. Several counties and municipalities have Overdose Response Teams (ORTs) comprised of narcotics/overdose investigators and peer recovery specialists supporting linkage to treatment/recovery services. Practices of this nature help the CoC decrease public drug use by creating a pathway to treatment and recovery alongside the law-enforcement response. Craighead County's ORT alone reported 75 treatment referrals, 148 recovery-service referrals, 93 peer-support meetings, 3 naloxone saves, and 2 arrests during its project period. CoC member agencies and community partners can leverage such policies by partnering with the ORTs to accept referrals and provide rapid connection to treatment and recovery services. One notable local municipality practice is the Hot Springs Nuisance Abatement Program. The Hot Springs City Attorney's current web page states that the City Attorney utilizes this program to pursue civil remedies as an alternative method of combating illegal drug activity. The city's 2017 budget describes the program as a tool to reduce drug activity by allowing the city to file restraining orders and board up locations where drugs are being sold and bring the owners before the courts. Potential harm to individuals using illicit drugs in these locations is twofold: 1. If the location also serves as an individual's primary residence/shelter, then the individual is at risk of becoming unsheltered. 2. Individuals in possession of drugs or paraphernalia at these locations may be at risk of arrest. Arrest can disrupt any services the individual is currently receiving, which may include treatment and housing services, further compounding potential harm. CoC agencies and partners can mitigate this potential harm by maintaining close partnerships with city officials so as to be aware when a property has been identified for nuisance abatement and be ready to help relocate individuals to alternative safe shelter or housing options and/or engage them in treatment services. In the event an individual is arrested, the CoC can help ensure service providers take steps wherever possible to preserve the individual's services such as housing placement, treatment enrollment, benefits, CE status, case management, etc.

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)

Exact quantitative analysis of overdoses and illicit drug use in public spaces within AR BoS is challenging for several reasons. Available datasets provide limited county-level information. No dataset reviewed provided a comprehensive count of both fatal and nonfatal overdoses at the county level. Available state-level datasets could be used to calculate per capita rates and derive estimates for AR BoS, but exact data do not exist in any of the datasets we reviewed. The CDC does report deaths provisionally attributed to overdose in a rolling 12-month period at the county level; however, counts from 1-9 are suppressed in accordance with NCHS confidentiality standards. Reviewing the data for the 12-month period ending December 2025, current CDC data indicate that the total number of deaths provisionally attributed to overdose across the 46 counties in AR BoS was between 73 and 361. Seven counties (Howard, Lafayette, Monroe, Nevada, Newton, Randolph, and Sevier) had zero overdose deaths reported for that period. Three counties had reportable counts: Craighead, 15; Garland, 12; and White, 10. The remaining 36 counties had counts from 1 to 9, but those counts are suppressed as described above. We did not identify a dataset that provides comparable nonfatal overdose counts across all 46 AR BoS counties. There is evidence of illicit drug activity in public/community locations, but quantitative data are scarce. AR BoS does not have a centralized data source that tracks illicit drug use specifically occurring in public spaces across its 46 counties. Arrest data exist for possession of illicit substances and/or drug paraphernalia; however, the exact location of the possession is not specified. Nevertheless, law enforcement agencies in several locations across the CoC continue to employ Overdose Response Teams, Narcotics Investigators/Detectives, and Peer Recovery Specialists, reflecting an ongoing local response to the presence of illicit drugs in our communities.

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)

Arkansas state law allows a petition for involuntary admission to be filed in the county where a person resides or is detained when the person's mental or behavioral health impairment creates a clear and present danger to self or others. "Danger to self" is not limited to violence. It can also include lacking capacity for self-care to the extent that they are at risk of serious injury, physical or mental debilitation, or death. Arkansas law also provides for an emergency/immediate confinement process when it is necessary to prevent harm. Local intervention policies and available resources vary across the CoC. Craighead County has a documented involuntary commitment process that requires risk of harm to be at an emergency level and be reviewed by a circuit court judge for approval. Unlike the statewide process, Craighead County's process utilizes 911 services when there is immediate danger. Craighead Co. also has a Crisis Stabilization Unit in Jonesboro, which is a resource many counties do not have locally. The Conway Police Department features both a Crisis Intervention Team and a Community Crisis Response Team in partnership with Counseling Associates/Arisa Health pairing police officers with social workers to attempt de-escalation, assess needs, and connect individuals to appropriate services. The goal here is to intervene before involuntary commitment is necessary and thereby avoid it altogether. CoC agencies and our community partners support these initiatives by assisting in service coordination and connection and by providing supportive services wherever possible to ensure individuals can access services/resources. An example might be assisting with transportation if an individual in a rural county needs to travel to the Crisis Stabilization Unit in Craighead Co. In calendar year 2025, a total of 1095 commitment-related court filings were processed across AR BoS. Of these, 4 were for alcoholic commitment, 20 were for narcotic commitment, and the remaining 1071 were other civil commitment filings. These data reflect filings only and should not be interpreted as evidence of the number of people actually committed. Nevertheless, this number of filings spotlights the need and opportunity for the CoC and its partners to assist in coordinating services such as transportation especially given the sporadic occurrence of these cases in our more rural counties where reliable transportation services to inpatient facilities are less likely to exist.

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)

According to the Office of Justice Programs' SMART website, the State of Arkansas has not yet been found to have substantially implemented SORNA. However, Arkansas does require all sex offenders (SOs) required to register to complete assessment by the Arkansas Department of Corrections' Sex Offender Screening & Risk Assessment Program. The Arkansas Crime Information Center (ACIC) maintains the state SO registry. Arkansas Community Corrections Probation/Parole Officers also work to ensure SOs under supervision maintain their registration. For SOs who have completed their supervision requirements, local police departments and county sheriffs' offices generally designate SO officers to maintain current registry information. Failure to register is itself a criminal offense in Arkansas. SOs are required to report changes of address to the appropriate supervising officer and generally required to update their registration every 6 months. However, SOs claiming to be homeless must update their registration every 30 days. This places SOs experiencing homelessness at elevated risk of incurring additional criminal charges due to the transient nature of homelessness and the barriers such individuals often face to accessing services (e.g., lack of transportation to meet with supervising officers, unreliable means of communication, etc.). AR BoS has an important role in protecting the public while helping our clients avoid preventable criminal justice involvement. For this reason, CoC agencies and community partners cooperate with law enforcement officials such as probation and parole officers and support clients in maintaining contact with their officers to keep their registration up to date. Agencies utilize various techniques such as education, Motivational Interviewing, etc., to encourage clients to maintain their registration and provide supportive services such as transportation to appointments, telephone use, etc., wherever possible. For calendar year 2025, ACIC reported a total of 20,246 registered sex offenders. Excluding those who are incarcerated, incapacitated, or outside Arkansas leaves a total of 10763 SOs, with 1735 (16.1%) classified as delinquent, 134 (1.2%) with an unknown address, and 8894 (82.6%) compliant. Although these data do not explain why individuals are compliant or delinquent, they are consistent with the concerted efforts of law enforcement, support services, and SOs themselves in maintaining SO registration.

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)

AR BoS has a multi-layered approach to outreach. Member agencies and community partners that operate street outreach programs are provided with print materials to distribute to individuals experiencing and at risk of homelessness. These materials educate prospective clients about the advantages of requesting help through our Coordinated Entry (CE) process and feature both the URL and a QR code to access the CE assessment. The materials also give guidance on how to request assistance completing the assessment for persons with disabilities. There are several agencies conducting street outreach throughout the CoC, including Ouachita Children, Youth, & Families Services (OCYFS), Hot Springs Community Resource Center, Russ Bus, and Mission Machine. Additionally, we provide education around this process and print materials to community partners throughout our geography such as law enforcement, churches and other faith-based organizations, social service agencies, schools, and any other organization that interacts with the unsheltered. Outreach materials can also be posted in public places where persons in need are likely to see them such as laundromats, bulletin boards in libraries, soup kitchens, cooling and/or warming centers, etc. Finally, we ask our clients to share the materials and information with everyone they know who is experiencing homelessness.

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	No
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))	No
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)

Every agency within the CoC has its own policies to inform individuals and families of their eligibility for educational services and provide that information upon intake with clients served. CoC agencies work closely with each school's McKinney-Vento Homeless Liaison, and we do not duplicate the schools' McKinney-Vento responsibilities. Similarly, CoC agencies work closely with Arkansas Department of Human Services and Arkansas Workforce offices in each county, and those agencies are better positioned to advise clients of education and training resources available to them.

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)

By maintaining close partnerships with the Arkansas Department of Human Services, AR BoS agencies across the CoC's geography stand ready to respond when a foster care or child welfare services agency alerts us to a youth transitioning from public systems of care. We remain prepared to connect youth to any and all available resources and services, including but not limited to shelter or housing options, education or employment services, mainstream public benefits such as SNAP, and supportive services such as transportation, etc. Ouachita Children, Youth, and Family Services has submitted a YHDP application this year with the goal of adding shelter options for youth up to age 24, which will create an additional protective layer for this vulnerable subpopulation.

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)

Ouachita Children, Youth, and Family Services operates a RHY program including Street Outreach, Basic Center, and Transitional Living. OCYFS' RHY program is a tremendous asset to our CoC in providing safe housing alternatives for vulnerable youth. OCYFS collaborates closely with the CoC through outreach, coordinated entry, case management and other supportive services to ensure homeless youth have the resources they need to successfully transition into adulthood. Likewise, CoC agencies are there to provide connections to additional services such as housing and career supports as needed to ensure those young adults move further toward success.

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)

Ouachita Children, Youth, and Family Services' Joint TH/RRH program serves victims of DV, many of whom are families with children. The same is true of Margie's Haven House's RRH program.

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)

Both OCYFS and Margie's Haven House work diligently to help clients increase their income. Agency staff provide referrals and connection to education/training programs as well as workforce or other employment services. Agency staff coordinate supportive services necessary to ensure clients can access these services, such as transportation and child care. Staff also regularly follow up with clients to assess progress and barriers in order to ensure clients remain fully able to participate in these services and reap the full benefits.

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)

Both OCYFS and Margie's Haven House work carefully with their clients to ensure they receive all the services they need and are eligible to receive, including programs like SNAP and TANF and/or applying for disability benefits such as SSI SSDI or VA Disability Compensation when appropriate. Supporting clients in applying for mainstream public benefits is an integral part of case management for all AR BoS agencies, especially when dependent children rely on the resources of the household. OCYFS and Margie's are dedicated to ensuring their clients have every tool and resource at their disposal to set them up for long-term success and 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)

OCYFS and Margie's Haven House recognize the importance of supporting parents in order to ensure the long-term health and stability of the family. Both agencies utilize every resource available to support parents as they seek to strengthen their families. This includes connection to childcare services such as the Arkansas Department of Human Services which offers childcare vouchers for working parents who meet income qualifications, connection to parenting classes and other supports such as WIC family education and support, Home Instruction for Parents of Preschool Youngsters (HIPPY), Head Start and Early Head Start, and healthcare services such as Arkansas's Title V/Children with Special Health Care Needs system which provides family support, care coordination, health information and assistance connecting families with medical, educational and social services. Here again, both agencies work to ensure families have the supportive services they need, such as transportation, to overcome any barriers to access.

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)

Scars & Stripes--CoC Member Agency; St. Francis House (SSVF, GPD, HVRP)--Community Partner; U.S. Dept. of Veteran Affairs--Community Partner

** nbsp;**

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)

Ouachita Children, Youth, & Family Services, Inc.; Margie's Haven House; Potter's Clay

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)

Covenant Recovery; In His Wings

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)

Cooperative Christian Ministries and Clinic

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)

East Arkansas Area Agency on Aging

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)

AR BoS has no PSH projects. We have one RRH project (Margie's) and one Joint TH/RRH project (OCYFS). Both of these are awarded to DV shelters. Therefore, they cannot prioritize non-DV chronically homeless over DV victims. However, our CE process does prioritize chronic homelessness; therefore, if two DV victims are otherwise equal, one experiencing chronic homelessness will be prioritized over one not experiencing chronic homelessness.

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

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

(limit 2,500 characters)

OCYFS has a licensed therapist on staff to provide behavioral healthcare to participants. OCYFS also offers on-site support groups. Margie's provides crisis support, supportive listening, and both individual and group support.

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)

OCYFS and Margie's Haven House are both committed to ensuring their clients receive the appropriate level of care. In pursuit of this goal, both agencies carefully assess clients' fit for their programs with regard to mental, behavioral, and physical health. Where there is an indication that a client may require a higher level of care, agency staff provide referral and connection to qualified clinicians and other qualified practitioners for full assessment and connection to the care or treatment that will best meet the client's needs.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

OCYFS and Margie's Haven House appreciate the value of scarce resources such as RRH programs and are vigilant about triaging those resources to the most vulnerable clients. For this reason, staff of both agencies continually work with clients to determine whether another housing option may be more appropriate for their needs. Those other options include but are not limited to unsubsidized housing or other permanent housing programs like Housing Choice Vouchers, HOPWA, HUD-VASH, shared housing, or other programs and resources for which they may be eligible and better suited. It is a shared goal of all CoC agencies to see our clients achieve true self-sufficiency and to utilize our resources as stepping stones along that path.

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.	No
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?	No
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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.	08/11/2026
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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 AR BoS Board reviews its projects every year to determine whether any project is not meeting performance expectations or is underutilized to the extent that it would indicate the project is not needed. Additionally, the Collaborative Applicant & HMIS Lead review performance and utilization throughout the year, consulting with both the agency and the CoC Board if/when concerns arise, to ensure our projects remain in compliance with performance and utilization expectations. If any project's performance or utilization becomes concerning, a corrective action plan is developed to bring the project back into compliance. 2. Given the stark lack of funded projects in our CoC and high utilization, the CoC Board did not feel there were any "less needed" projects. Existing projects' performances were satisfactory. Therefore, no projects were identified for reallocation. 3. There were no such projects to be reallocated. 4. Reallocation was not applicable.

AR BoS recognizes the need for a formal written policy on reallocation and intends to draft and adopt such a policy into our governance charter within the coming year.

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?	No
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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)	WellSky
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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.	Statewide
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

- 1.The Continuum of Care made no change to its unsheltered Point-in-Time count methodology between the 2025 and 2026 counts. The 2026 count did benefit from data quality improvements on the sheltered side. In the months before the January 22, 2026 count, the Continuum coordinated more closely with victim service providers and emergency shelters, confirming each provider's participation, reporting method, and point of contact in advance so that every provider was prepared to report for the count night.
- 2.Because the unsheltered methodology was unchanged, unsheltered results are comparable from year to year. The improved preparation and provider coordination produced a more complete sheltered count: the 2026 sheltered total was 226 people, compared with 74 in 2025, with victim service provider beds reported through comparable databases and included in the total.

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 had 12 encampments identified during the evaluation period (October 1, 2024 - September 30, 2025). The Texarkana Police Department reported cleaning up one site in May 2025, reducing the number to 11 sites. The AR BoS PIT Count survey does not differentiate between people living in encampments vs. other unsheltered situations such as vehicles or abandoned buildings; therefore, we cannot reliably estimate the number of people living in encampments or the reduction in this number resulting from the cleanup of any given site.

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.	12
2. Enter the reduction in the number of encampments during your evaluation period.	1

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	0
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

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

(limit 2,500 characters)

AR-503's PIT count survey does not differentiate between people living in encampments vs. other unsheltered situations such as vehicles or abandoned buildings; therefore, we cannot estimate the number of people living in encampments and have entered 0; the January 2026 Point-in-Time count found 199 people unsheltered across its 46 counties. The Continuum of Care's plan is set out in its Law Enforcement and First Responder Coordination Policy and Procedures, adopted by the Board in September 2026 and effective October 1, 2026.

A Law Enforcement and First Responder Liaison keeps an encampment inventory (location, jurisdiction, estimated number of people, date last verified, status), updates it at least quarterly and at each Point-in-Time count, and reports changes to the Board. The first full inventory, completed with the January 2027 count, will be the baseline for future reporting.

Jurisdictions are asked to notify the Liaison or local outreach project before a scheduled clearing so outreach can engage residents first. Before and during a clearing, outreach staff offer shelter, the Coordinated Entry assessment, transportation, and help safeguarding identification documents, and follow up with each person within seven days. Staff do not obstruct clearings.

Every funded street outreach project gives local law enforcement, emergency medical services, and dispatch its schedule, service area, direct phone number, and a referral card; accepts referrals by phone, text, or email; makes contact within two business days, or the same day for a person in crisis or in an encampment scheduled for clearing; joins co-response visits to encampments and repeat-call locations; and offers the Coordinated Entry assessment on site. Each contact and referral source is recorded in the Homeless Management Information System within 48 hours.

People engaged in encampments are assessed with the Assessment Triage Tool, placed on the By-Name List, and referred to rapid re-housing, with diversion and rapid exit case management delivered while they wait.

The Liaison keeps a roster of every sheriff's office and police department in the Continuum, invites each to membership and meetings, and arranges annual cross-training. Compliance is checked in annual monitoring, and the Board reviews the policy each year.

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)

In Fiscal Year 2025, 365 of 397 people entering emergency shelter, transitional housing, or rapid re-housing in AR-503 had no prior enrollment in the Homeless Management Information System (System Performance Measure 5.2), so the Continuum of Care's plan targets the front door.

Use data to target prevention. Each quarter the Homeless Management Information System Lead analyzes the prior living situation of first-time entrants by regional coalition and directs prevention resources where counts are highest, such as family or friends, jail or hospital exits, and eviction.

Under Coordinated Entry, every household is assessed with the Assessment Triage Tool and entered in the Homeless Management Information System within 48 hours; diversion and then rapid exit are delivered as case management while the household waits for a housing referral, so households with a safe alternative do not enter shelter.

Homelessness prevention funded by Emergency Solutions Grants provides rent and utility arrears assistance and landlord mediation to households at imminent risk, targeted using the analysis above.

The Continuum works with the Arkansas Division of Children and Family Services so youth aging out of foster care are assessed and placed on the By-Name List before discharge if youth have no housing planned. Under the Continuum's Law Enforcement and First Responder Coordination Policy, first responders have a single point of contact and a direct referral path into Coordinated Entry, and a person taken to a hospital or crisis stabilization unit is reconnected to Coordinated Entry on discharge.

McKinney-Vento liaisons in the Continuum's 46 counties identify doubled-up families and refer them to Coordinated Entry access points before they lose housing.

Case managers screen every household for Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and disability benefits and for Arkansas Workforce Center employment services.

Target: reduce first-time homelessness by 10 percent in Fiscal Year 2026 and 20 percent by Fiscal Year 2027 from the baseline.

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)

Assess and prioritize immediately. Under Coordinated Entry, assessment with the Assessment Triage Tool is the first step, entry into the Homeless Management Information System occurs within 48 hours, and the household is ranked on the By-Name List the same day, removing the delay that previously preceded assessment. Under the Continuum of Care's Law Enforcement and First Responder Coordination Policy, outreach staff offer the assessment on site during co-response visits and reach people referred by officers within two business days, or the same day in a crisis.

By-Name List case conferencing in each regional coalition matches the highest-need households to rapid re-housing, the Continuum's only permanent housing. The target is referral to move-in within 30 days, tracked with referral, enrollment, and housing move-in dates.

The Homeless Management Information System Lead maintains a rent reasonableness and Fair Market Rent calculator for all 46 counties so rapid re-housing staff can approve units quickly, and providers recruit landlords through the regional coalitions.

Diversion and rapid exit case management begin at assessment and continue during the wait, so households with a safe alternative leave shelter without needing a housing referral.

Shelters complete a housing plan within 7 days of entry and review every stay over 60 days with the Coordinated Entry lead.

Progress is tracked with the length-of-time-homeless System Performance Measure, which calculates the average and median nights people spend in emergency shelter, safe haven, and transitional housing from Homeless Management Information System records. The target is a lower average and median each year.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	66.70%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

AR-503 calculated this figure from a Continuum of Care Annual Performance Report run in the Arkansas Management Information System for October 1, 2024 through September 30, 2025. The report covered the six rapid re-housing projects active in the Continuum during that year. The Continuum has no permanent supportive housing, and its transitional housing projects had no exits during the period, so all exits came from rapid re-housing.

During the year, 33 people exited these projects. Of those, 22 exited to rental housing with no ongoing subsidy; none exited to owned housing without a subsidy or to living with family or friends on a permanent basis. Dividing 22 by 33 gives 66.7 percent. The remaining 11 exits (two to subsidized rentals, six to homeless situations, one to a temporary situation, and two with no destination recorded) were counted in the total but not as 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.	01/22/2026
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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	222	99	321	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	15	0	15	100.00%
4. Rapid Re-Housing (RRH) beds	51	0	51	100.00%
5. Permanent Supportive Housing (PSH) beds	0	0	0	0.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

Not applicable. All three project types with year-round beds in AR-503's 2026 Housing Inventory Count (emergency shelter, 321 beds; transitional housing, 15 beds; rapid re-housing, 51 beds) have a coverage rate of 100 percent in the Homeless Management Information System and comparable databases. The Continuum of Care has no safe haven, permanent supportive housing, or other permanent housing inventory.

3A. Policy Initiatives

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

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

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

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

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

4A. Attachments Screen For All Application Questions

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

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

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of TH/RRH/PS...	09/21/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of CoC Proje...	09/23/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Service Participa...	09/24/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Law Enforcement &...	09/26/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/24/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	AR-503 FY26 HDX C...	09/24/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	HUD form 2996	09/26/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Statement on Adva...	09/28/2026
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects w On-Site SUD Tx

Attachment Details

Document Description: List of CoC Projects & Number of Units that
Require SUD Treatment

Attachment Details

Document Description: Service Participation Agreements

Attachment Details

Document Description: Law Enforcement & First Responder Public
Safety Coordination P&P

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: AR-503 FY26 HDX Competition Report

Attachment Details

Document Description: HUD form 2996

Attachment Details

Document Description:

Attachment Details

Document Description: Statement on Advancing Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/24/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects & Treatment Providers with On-Site Substance Use Treatment

Provider	Project Type	SUD Tx On-Site?	SUD Tx Accessible?
Margie's Haven House	RRH	No	Yes
OCYFS	Joint TH-RRH	No	Yes

List of CoC Projects & Number of Units that require SUD Tx

Provider Name	Project Type	Status	Number Units	SUD Tx Required
OCYFS	Joint TH/RRH	Renewal	5	5
Margie's Haven House	RRH	Renewal	8	0
Adult & Teen Challenge of AR	TH	New	7	7
Total:			20	12

OUACHITA CHILDREN, YOUTH, AND FAMILY SERVICES, INC.
OUACHITA FAMILY CENTER

Supportive Services Agreement

Participant Name:

Start Date:

End Date:

1) Purpose & Authority

This Agreement explains the supportive services offered and the participant obligations related to services while enrolled. It is issued pursuant to program rules (including 24 CFR 578.75(h) regarding participant engagement in supportive services) and the requirements described in the CoC NOFO.

2) Services Offered (What, How Often, and By Whom)

The project will provide or coordinate the following housing-focused services to help participants obtain and retain permanent housing: (title/partner and how often indicated per line)

Core Housing Services (in-house or via partner MOUs): _____

• Housing Case Management/Advocacy: _____

• Housing Navigation/Lease-Up _____

• Benefits Access (SSI/SSDI, SNAP, Medicaid/Medicare, TANF): _____

• Employment & Income Supports (WIOA/Workforce): _____

• Tenancy Skills / Budgeting / Landlord Mediation: _____

• Transportation Supports (bus passes, accompaniment): [as needed/schedule] _____

• Behavioral Health / SUD linkages (incl. MAT if applicable): _____

Accessibility, Safety, & Cultural Responsiveness: Services will be delivered with reasonable accommodations, language access, trauma-informed practices, and flexible scheduling (including field-based/onsite visits) to meet participant needs.

Attach or reference the internal Service Plan that lists individualized goals, visit frequency, and responsible staff.

3) Participant Engagement Requirement (24 CFR 578.75(h))

By signing this Agreement, the participant acknowledges the following:

OUACHITA CHILDREN, YOUTH, AND FAMILY SERVICES, INC.
OUACHITA FAMILY CENTER

Required Services (select the items that apply to this project):

- ☐ Attend Case Management/Advocacy at least [frequency].
- ☐ Participate in Tenancy Skills/Budgeting as scheduled.
- ☐ Complete Benefits Screening/Applications (SSI/SSDI/SNAP/Medicaid) with staff assistance.
- ☐ Participate in Employment Navigation/Job Coaching (if job-seeking).
- ☐ Safety planning and coordination for appointments as needed.
- ☐ Life skills classes as scheduled
- ☐ Peer support groups
- ☐ Employment or employment training (minimum of 20 hrs. per week) unless waived by case manager/advocate due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment.
- ☐ Vocational rehabilitation services, if applicable
- ☐ Substance abuse treatment, if the participant actively uses substances
- ☐ Prevention classes as scheduled
- ☐ Behavioral health or mental health services, as indicated by assessment
- ☐ Other project-specific required services as identified by program staff and the participant:

Reasonable Accommodations: If a disability or other circumstance affects participation, the participant may request reasonable changes to service delivery. The project will engage in an interactive process to adjust the plan.

4) Communication, Scheduling, & Attendance

- The project will provide a written Service Schedule (days/times/locations or virtual options).
- The participant agrees to keep scheduled appointments or notify staff of conflicts to reschedule.
- Missed contacts will trigger supportive follow-up (calls, texts, field attempts) to re-engage.

OUACHITA CHILDREN, YOUTH, AND FAMILY SERVICES, INC.
OUACHITA FAMILY CENTER

5) Monitoring, Progress, & Supportive Responses

Staff will record service contacts and progress in HMIS (or a comparable database for VSPs) consistent with CoC policies.

If engagement lapses, the project will use supportive, non-punitive steps (problem-solving, adjusting cadence/format, accommodations).

Graduated Responses for Persistent Non-Engagement:

- 1) Re-engagement outreach and barrier-solving.
- 2) Case conference to modify the plan and offer accommodations.
- 3) Written notice with options to re-engage and appeal.
- 4) As a last resort and when required by program rules/lease/occupancy agreement, the project may take administrative steps consistent with rights, protections, and due process.

Note: For RRH/PSH, housing retention should remain the priority. Non-engagement in services should not automatically cause a lease violation; follow your lease/landlord and program rules.

6) Participant Rights, Grievances, & Safety

- Rights & Non-Discrimination: Services are provided without discrimination, consistent with Fair Housing and applicable civil-rights laws.
- Confidentiality & VAWA: Information is confidential; survivors may refuse to share VAWA-protected information. Releases are time-limited and revocable.
- Grievances/Appeals: Participants may file a grievance about services or staff conduct. The project will provide a written process and respond within [10] days.
- Safety: The participant and staff will follow safety practices (home-visit protocols, scheduling during daylight where appropriate, etc.).

7) Data Collection & HMIS/Comparable Database

- The participant consents to data entry in HMIS (or a comparable database for VSPs) per CoC policy, with signed releases as required.
- Data will be used to coordinate care, track outcomes, and meet reporting requirements.

OUACHITA CHILDREN, YOUTH, AND FAMILY SERVICES, INC.
OUACHITA FAMILY CENTER

8) Mainstream Resources & Coordination

The project will help participants apply for and maintain benefits and resources (e.g., SSI/SSDI, SNAP, Medicaid/Medicare, TANF, WIOA/Workforce), and will coordinate with FQHCs/BH providers, housing authorities/landlords, and other community partners to support housing stability.

9) No Waiver of Rights

Nothing in this Agreement waives any rights afforded to the participant under applicable law, lease/occupancy agreements, or program rules.

10) Acknowledgment & Signatures

By signing below, the participant and project representative acknowledge that they have read, understand, and agree to the terms of this Supportive Services Agreement. A copy will be provided to the participant.

Participant: _____ Date: ____/____/____

Project Staff (Name/Title): _____ Date: ____/____/____

Agency Contact: Latoria Neal, OFC Director

lneal@occnet.org

501-865-3939



P.O. Box 954
Heber Springs, AR 72543
(501)362-6757
www.margieshavenhouse.org
info@margieshavenhouse.org

MARGIE'S HAVEN HOUSE

Rapid Re-Housing (RRH) Supportive Services Agreement

Survivor-Focused Housing Program

Participant ID/Comparable Database ID: _____

Agreement Effective Date: _____

1. Purpose

This Agreement explains the supportive-services participation requirement for participants enrolled in Margie's Haven House's Rapid Re-Housing (RRH) program. The purpose of supportive services is to help participants obtain and maintain safe, stable permanent housing and address housing barriers through survivor-centered, trauma-informed assistance.

Margie's Haven House requires RRH participants to take part in housing-focused case management and the development and review of an individualized service plan while enrolled in the program. Additional supportive services are identified according to each participant's individual needs, goals, circumstances, safety considerations, and available resources.

2. Required Participation

While enrolled in RRH, the participant agrees to:

Participate in housing-focused case management with Margie's Haven House staff.

Work with staff to develop and periodically review an individualized service plan focused on obtaining and maintaining permanent housing.

Maintain reasonable communication with assigned staff and participate in scheduled case-management contacts, with scheduling adjusted when necessary for safety, accessibility, emergencies, employment, childcare, or other circumstances.

Participate in supportive services identified in the individualized service plan when those services are applicable to the participant's needs and goals.

There is no requirement that every participant receive the same supportive services, and this Agreement does not impose a 20-hour-per-week supportive-services requirement.

3. Supportive Services Available

Depending on the participant's individualized needs and service plan, Margie's Haven House may provide, coordinate, or refer for supportive services including:

- Assessment of service needs and housing barriers
- Housing-focused case management and advocacy



**P.O. Box 954
Heber Springs, AR 72543
(501)362-6757
www.margieshavenhouse.org
info@margieshavenhouse.org**

- Housing search, landlord coordination, and housing counseling
- Assistance with moving costs, utility deposits, and other eligible housing-related needs
- Benefits and community-resource navigation
- Employment assistance, job training, education, and income-support referrals
- Life-skills support, budgeting, and tenancy skills
- Food and basic-needs assistance
- Transportation assistance
- Legal-services referrals and advocacy
- Mental-health or behavioral-health referrals
- Substance use disorder treatment referrals when appropriate and requested or identified through the individualized service-planning process
- Other services or referrals reasonably related to housing stability and the participant's individualized needs

Substance use disorder treatment is not a universal requirement for all Margie's Haven House RRH participants.

4. Survivor Safety and Individualized Services

Margie's Haven House is a victim service provider. Services will be provided in a survivor-centered, trauma-informed manner that considers safety, privacy, accessibility, and individual circumstances. Participation requirements will be implemented consistent with applicable protections for survivors of domestic violence, dating violence, sexual assault, and stalking. Assistance will not be denied on the basis of, or as a direct result of, a participant being or having been a victim of domestic violence, dating violence, sexual assault, or stalking when the participant otherwise qualifies for assistance.

5. Scheduling, Communication, and Re-Engagement

Margie's Haven House will work with participants to schedule case-management contacts and services in a manner that supports housing stability and participant safety. If a participant misses a scheduled contact or has difficulty participating, staff will make reasonable efforts to re-engage the participant, identify barriers, adjust scheduling or service delivery when appropriate, and review the individualized service plan as needed.

6. Confidentiality and Records

Margie's Haven House will protect participant information in accordance with applicable confidentiality requirements for victim service providers. Personally identifying information, information about services requested or received, and other confidential participant information will not be disclosed outside Margie's Haven House except as permitted or required by applicable law.

Participant-level information will be maintained in Margie's Haven House's confidential records and applicable comparable database. A blank copy of this Agreement may be provided for grant,



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monitoring, or compliance purposes. Completed participant agreements and participant-level information will remain confidential and will not be disclosed except as permitted or required by applicable law.

7. Participant Rights

Participants will be treated with dignity and without unlawful discrimination.

Participants may discuss barriers to participation, request reasonable accommodations when applicable, and work with staff to adjust service delivery when appropriate.

Nothing in this Agreement waives rights or protections available to a participant under applicable federal, state, or local law or program requirements.

Margie's Haven House's grievance or complaint procedures remain available to participants.

8. Acknowledgment

By signing below, the participant acknowledges that the supportive-services participation requirement has been explained, that the participant has had an opportunity to ask questions, and that the participant agrees to participate in housing-focused case management and individualized supportive services as described above. The Margie's Haven House staff signature confirms that this Agreement was reviewed with the participant and that the participant was provided a copy.

Participant Signature:

Date:

MHH Staff Signature/Title:

Date:

Program Purpose: This agreement is intended to document Margie's Haven House's RRH supportive-services participation requirement for FY2026 CoC purposes while preserving survivor-specific confidentiality, safety, and legal protections.

Margie's Haven House | FY2026 CoC RRH Supportive Services Agreement

Adult & Teen Challenge of Arkansas

1679 N HIGHWAY 7 Hot Springs Village AR 71909

Admissions Procedure

INITIAL CONTACT WITH POTENTIAL CLIENT

Once a potential client makes contact with Adult & Teen Challenge of Arkansas (ATCAR), a pre-screen is initiated. Once a referral source makes contact with Adult & Teen Challenge, records are requested, if applicable, and contact with the individual is pursued in order to complete a pre-screen. Potential clients are able to initiate contact through the online application at www.atcar.org or by calling Admissions at (501)287-3585. A record of that interview is recorded within ATCAR's EMR system.

SCHEDULED ENTRY

Once a potential client has completed the application process, pre-screening interview, requested documentation has been received, and he or she has read through the Intake Packet, the Admission Specialist will present the client's information to the Multi-Disciplinary team for approval and assign an entry date if approved. This entry date is recorded on the Google Admissions Calendar by the Admission Specialist. If the client has recently been tested for V.D., T.B., Hepatitis A, B, C and HIV, the client must either bring the test results with them, or have them faxed to ATCAR within two (2) weeks of the client's arrival. If test results are not received within two (2) weeks of entry date, the client will be retested. If the potential client is on probation or parole, prior to scheduling an entry date, a letter must be obtained from said officer confirming their agreement for the

client to enter and complete the program. The letter must also state how often said officer wants updates from ATCAR Case Management team and in what format. In conjunction with the referral source and/or potential client, the Admissions Specialist will provide a Do Not Allow medication list. Medical and Intake staff will ensure that unapproved medications are not brought on campus.

CLIENT ADMISSIONS

For an individual to qualify for admission into Adult & Teen Challenge Arkansas there should be positive findings in these categories:

1. The individual must present with a substance use disorder and/or co-occurring behavioral health condition that the facility is licensed and equipped to treat.
2. The person must be voluntarily admitted and express a desire to receive the type of assistance that ATCAR can provide.
3. The individual's needs must fall within the scope of the program's resources. Consideration should be given to these needs and the current availability and abilities of the staff.
4. Individuals must be at least 18 years of age to receive services at ATCAR, as the facility is not licensed to serve adolescents or juveniles under the age of 18. ATCAR is committed to providing services in a non-discriminatory manner with respect to age, race, color, religion, sex, national origin, disability, sexual orientation, or gender identity. All prospective clients' medical, mental health, and substance use histories will be thoroughly assessed. When appropriate, individuals who do not meet criteria or age requirement will be provided with referrals to external resources for further assistance.

To determine if an individual's needs fall within the scope of the program, the following items will be assessed as part of a comprehensive clinical evaluation:

1. Severity of Substance Use and Withdrawal Potential: To ensure the client can be safely managed at our level of care or if a higher level of care (e.g., medical detoxification) is required first.
2. Co-Occurring Medical and Mental Health Needs: To determine if the client's conditions are stable and can be appropriately supported by our staff and community medical partners.
3. History of Behavior: Any history of violence, aggression, or sexual offending will be assessed to determine if the client can be safely managed within the therapeutic community and if their clinical needs fall within our staff's scope of practice.
4. Legal Status and Obligations: Current legal requirements (e.g., court dates, probation/parole reporting) will be reviewed to ensure the client can fully participate in the program and that we can support them in meeting these obligations.
5. Family and Social Support Systems: To identify strengths and challenges that will impact the client's recovery.
6. Economic and Living Situation: To understand potential stressors and assist in discharge planning.
7. Spiritual Beliefs and Needs: To incorporate the client's spiritual preferences into a holistic treatment plan.

These categories will determine if a problem exists that could prevent an individual from completing the program; it also will serve to assist staff in determining the most effective ministry approach to help the client overcome his problems; and to help find biblically based, practical solutions to these problems. Should an applicant or potential applicant be in need of services beyond the scope of the ministry of ATCAR, or space is not available for an immediate placement, a referral will be made to another center or program. In the event of an issue that needs to be rectified (ie: detox, chronic medical needs, court etc.) a client can be referred back for placement as long as documentation is provided that the original situation that barred admission has been rectified. Note: ATCAR does

not provide MAT treatment as a means of relapse prevention. If the need arises, appropriate resources will be given to clients requiring MAT.

Provider
signature
here

Client
signature
here

AR-503 Arkansas Balance of State Continuum of Care Law Enforcement and First Responder Coordination Policy and Procedures

Continuum of Care	AR-503 Arkansas Balance of State Continuum of Care
Collaborative Applicant and policy owner	Ouachita Children, Youth, and Family Services (OCYFS)
Adopted by	AR-503 CoC Board, September 2026
Effective date	October 1, 2026
Review cycle	Annually, before the CoC Program Competition, and whenever the NOFO, state law, or local practice changes

This policy states how the AR-503 Arkansas Balance of State Continuum of Care (the CoC) works with law enforcement and first responders across its 46-county geographic area. It documents that the CoC (a) cooperates with, and does not interfere with or impede, local efforts to advance public safety; (b) assists first responders in providing services to people experiencing homelessness; and (c) requires its street outreach projects to cooperate with first responders and law enforcement so that contacts lead to housing and services.

This document is the CoC's Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety and supports the CoC's street outreach response

2. Scope and Definitions

This policy applies to the CoC Board, the Collaborative Applicant, the HMIS Lead, the Coordinated Entry lead, and every recipient and subrecipient of CoC Program and Emergency Solutions Grants (ESG) funds in the CoC's geographic area, including all street outreach projects. Providers keep their own written and informal agreements with local agencies; this policy sets the CoC-wide minimum and does not replace them.

Law enforcement means county sheriffs' offices, municipal police departments, the Arkansas State Police, and other certified law enforcement officers. First responders means law enforcement, fire departments, emergency medical services, 911 dispatch, and mobile crisis teams.

3. Policy

3.1 Cooperation and non-interference. The CoC and its funded projects cooperate with, and do not interfere with or impede, lawful local efforts to (a) clear tents and encampments on public property; (b) decrease the public use of illicit drugs; (c) apply standards that address people who are a danger to themselves or others, including involuntary commitment; and (d) share information in accordance with SORNA and the Arkansas Sex Offender Registration Act of 1997. The CoC's role in each effort is to connect the people involved to shelter, housing, treatment, and services.

3.2 Assistance to first responders. The CoC gives first responders a single point of contact, a direct referral path into Coordinated Entry, and current information on shelter, housing, and services so that officers, medics, and dispatchers can connect people to help.

3.3 Street outreach. Every CoC- or ESG-funded street outreach project keeps a working relationship with the law enforcement and first responder agencies in its service area, accepts their referrals, and takes part in co-response when requested.

3.4 Lawful information sharing. Client information is shared with law enforcement only as permitted by the HMIS Privacy Standards, the AR-503 HMIS Privacy Plan, each project's privacy notice, and 24 CFR 578.103(b). Nothing in this policy limits a disclosure that is required by law or court order, or that is needed to prevent a serious and imminent threat to health or safety.

3.5 Roles. CoC and provider staff do not perform law enforcement functions, and law enforcement does not determine eligibility or priority for CoC housing. Each party keeps its own authority.

4. Procedures

4.1 Point of contact

- The Collaborative Applicant designates a Law Enforcement and First Responder Liaison.
- The Liaison keeps the contact roster in Appendix A current and responds to law enforcement and first responder inquiries within one business day.
- The Liaison keeps the inventory of provider agreements, collecting a copy of each written agreement and a short description of each informal arrangement at least once a year.

4.2 Street outreach cooperation and co-response

Each street outreach project will:

- Give local law enforcement, EMS, and dispatch its outreach schedule, service area, a direct phone number, and a one-page referral card.
- Accept referrals from officers and first responders by phone, text, or email and attempt contact within two business days, or the same day for a person in crisis or in an encampment scheduled for clearing.
- Respond to co-response requests—accompanying officers on welfare checks, encampment visits, or repeat-call locations—when staff are available and the setting is safe, and offer the Coordinated Entry assessment on site.
- Record each contact and its referral source in HMIS within 48 hours, consistent with the CoC's Coordinated Entry and HMIS policies, so the CoC can report the share of street outreach exits to positive destinations.
- Attend or host cross-training with local agencies at least once a year (for example, Crisis Intervention Team training, trauma-informed engagement, how to make a Coordinated Entry referral).

4.3 Tents and encampments

- The Liaison keeps an encampment inventory (location, jurisdiction, estimated number of people, date last verified, status), updated at least quarterly and at the Point-in-Time count, and reports changes in encampments and people living in them.

- Jurisdictions are asked to notify the Liaison or the local outreach project before a scheduled clearing so outreach can engage residents beforehand. A lack of notice does not stop or delay a clearing.
- Before and during a clearing, outreach staff offer shelter, the Coordinated Entry assessment, transportation, and help safeguarding identification documents. Staff do not obstruct the clearing or advise residents to refuse lawful orders.
- After a clearing, outreach follows up with each person contacted within seven days.
- Applicable law: Ark. Code Ann. § 5-39-203 (criminal trespass) and § 5-71-213 (loitering) apply statewide; camping on public property is otherwise governed by municipal ordinance.

4.4 Public use of illicit drugs and overdose

- Street outreach and shelter staff carry naloxone and are trained to administer it, call 911 for any suspected overdose.
- Staff who encounter a person using illicit drugs in public offer a same-day referral to treatment or recovery services and to Coordinated Entry if unsheltered. If the person refuses services and the activity poses an immediate danger or occurs on project premises, staff contact law enforcement under the project's own policy.
- The CoC does not interfere with drug enforcement. The Liaison collects local overdose and public-use data from county coroner's / Arkansas Department of Health / EMS / law enforcement at least once a year.

4.5 Danger to self or others

- Staff who believe a person is an imminent danger to self or others call 911 (or 988 for a mental health crisis without an immediate physical threat) and, when safe, stay with the person until responders arrive.
- The CoC cooperates with law enforcement transport to a hospital, receiving facility, or Crisis Stabilization Unit.
- On discharge, the project reconnects the person to Coordinated Entry if unsheltered.

4.6 Information sharing under SORNA

- At intake, projects ask whether a person is required to register as a sex offender when the answer affects placement (shared housing, family shelter, or the residency restriction in Ark. Code Ann. § 5-14-128: Level 3 and 4 registrants may not reside within 2,000 feet of a school, public park, youth center, or daycare, and Level 4 registrants within 2,000 feet of a church or other place of worship). Staff may verify status on the Arkansas Crime Information Center (ACIC) public registry.
- Staff tell registrants that they must report a change of address to local law enforcement within five calendar days and, if homeless, verify their registration in person every 30 days, and help them do so.
- When a project houses or shelters a registrant, it provides the registrant's address to the law enforcement agency with registration jurisdiction.
- Registration status alone does not exclude a person from Coordinated Entry.

4.7 Requests from law enforcement for client information

- Requests are routed to the HMIS Lead. Front-line staff do not release HMIS data on their own.
- Under the HMIS Privacy Standards and the AR-503 HMIS Privacy Plan, protected personal information may be disclosed to a law enforcement official only (a) in response to a court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or grand jury subpoena; (b) on a written request signed by a supervisory official that states the information is relevant and material to a legitimate investigation, identifies the information sought, is specific and limited in scope, and states that de-identified information would not suffice; (c) on an oral request to identify or locate a suspect, fugitive, material witness, or missing person, limited to name, address, date of birth, place of birth, Social Security number, and distinguishing physical characteristics; (d) as good-faith evidence of criminal conduct on project premises; or (e) to prevent or lessen a serious and imminent threat to health or safety.
- Victim service providers do not enter client-level data into HMIS, and the location of a domestic violence project or of a participant's housing is not made public. Each disclosure is logged (date, requester, information released, authority).

4.8 Communication, monitoring, and review

- The Liaison invites each county sheriff's office and municipal police department to CoC membership and to the Board seat reserved for law enforcement / the CoC's regular membership meetings, and meets with agencies.
- The CoC shares aggregate PIT, HIC, HMIS, and System Performance data with local governments and law enforcement on request and uses law enforcement and corrections data alongside HMIS where available.
- The Collaborative Applicant checks compliance with this policy during annual recipient monitoring and collects updates at the same time. The CoC Board reviews this policy each year before the CoC Program Competition.

Appendix A. Law Enforcement and First Responder Contact Roster

Maintained by the Liaison; updated at least annually and whenever a contact changes.

County	Agency	Contact (name, title)	Phone / email	LHC
Baxter	Baxter County Sheriff's Office	John Montgomery, Sheriff Sheriff-elect (Jan. 1, 2027): Mark Hollingsworth	870-425-7000 jmontgomery@baxtercountysheriff.com	BBMNS
Baxter	Mountain Home Police Department	Edward (Eddie) Griffin, Chief of Police	870-425-6336 no public email	BBMNS
Boone	Boone County Sheriff's Office	Roy Martin, Sheriff † Sheriff-elect (Jan. 1, 2027): Tim Roberson	870-741-8404 info@boonesheriff.com	BBMNS
Boone	Harrison Police Department	Chris Graddy, Chief of Police	870-741-5463 no public email	BBMNS
Clark	Clark County Sheriff's Office	Jason Watson, Sheriff	870-246-2222 jason.watson@clarkar.us	SWAP
Clark	Arkadelphia Police Department	Jason (Shorty) Jackson, Chief of Police	870-246-4545 admin@arkpd.us	SWAP
Cleburne	Cleburne County Sheriff's Office	Chris Brown, Sheriff	501-362-8143 cbrown@cleburnearso.gov	Toadsuck
Cleburne	Heber Springs Police Department	Brian Haile, Chief of Police	501-362-8291 (dispatch); 501-362-3661 (chief) no public email	Toadsuck
Conway	Conway County Sheriff's Office	Mike Smith, Sheriff Sheriff-elect (Jan. 1, 2027): Jeremy Kissire	501-354-2411 tips@conwaycountysheriff.org	Toadsuck
Conway	Morrilton Police Department	Sonny Stover, Chief of Police	501-354-0131 sonny.stover@morriltonpolice.org	Toadsuck
Craighead	Craighead County Sheriff's Office	Marty Boyd, Sheriff Sheriff-elect (Jan. 1, 2027): Jason Allen	870-933-4551 no public email	NEA
Craighead	Jonesboro Police Department	Rick Elliott, Chief of Police	870-935-5657 chief@jonesboroAR.gov	NEA
Crittenden	Crittenden County Sheriff's Office	Mike Allen, Sheriff	870-702-2010 Mike.Allen@crittcosheriff.com	EAR
Crittenden	West Memphis Police Department	Harvey W. Taylor III, Chief of Police (interim since Jan. 2026)	870-735-1210 no public email	EAR
Crittenden	Marion Police Department	Brannon Hinkle, Chief of Police	870-739-2101 no public email	EAR
Cross	Cross County Sheriff's Office	David West, Sheriff	870-238-5700 sheriffdwest@crosscountysheriff.org	EAR
Cross	Wynne Police Department	Richard Dennis, Chief of Police	870-238-8718 no public email	EAR

County	Agency	Contact (name, title)	Phone / email	LHC
Faulkner	Faulkner County Sheriff's Office	Tim Ryals, Sheriff Sheriff-elect (Jan. 1, 2027): Chad Wooley	501-450-4914 Tim.Ryals@fcso.ar.gov	Toadsuck
Faulkner	Conway Police Department	Chris Harris, Chief of Police	501-450-6120 chris.harris@conwayarkansas.gov	Toadsuck
Garland	Garland County Sheriff's Office	Mike McCormick, Sheriff	501-622-3660 mmccormick@garlandcounty.org	SWAP
Garland	Hot Springs Police Department	Chris Chapmond, Chief of Police	501-321-6789 cchapmond@hotspringsar.gov	SWAP
Greene	Greene County Sheriff's Office	Brad Snyder, Sheriff	870-239-6343 bsnyder@greenesoar.gov	NEA
Greene	Paragould Police Department	Chad Henson, Chief of Police	870-236-7621 chad.henson@paragouldcityar.gov	NEA
Hempstead	Hempstead County Sheriff's Office	James Singleton, Sheriff	870-777-6727 sheriff@hempsteadcountysheriff.org	RHC
Hempstead	Hope Police Department	Kimberly Tomlin, Chief of Police	870-777-3434 no public email	RHC
Hot Spring	Hot Spring County Sheriff's Office	Richard Tolleson, Sheriff	501-337-7738 rtolleson@hotspringcountysoar.gov	SWAP
Hot Spring	Malvern Police Department	Donnie Taber, Chief of Police	501-332-3636 dtaber@malvernar.gov	SWAP
Independence	Independence County Sheriff's Office	Shawn Stephens, Sheriff	870-793-8838 shawn.stephens@independencesheriff.org	Delta Hills
Independence	Batesville Police Department	John Scarbrough, Chief of Police	870-698-2450 policechief@cityofbatesville.com	Delta Hills
Jackson	Jackson County Sheriff's Office	Russell Brinsfield, Sheriff	870-523-5842 rbrinsfield@jacksonsheriff.org	NEA
Jackson	Newport Police Department	Larry Dulaney, Chief of Police	870-523-2722 no public email	NEA
Johnson	Johnson County Sheriff's Office	Grant Nicely, Sheriff (appointed through Dec. 31, 2026)	479-754-2200 info@jcsoar.us	ARVHAN
Johnson	Clarksville Police Department	David Smothers, Chief of Police	479-754-8100 dsmothers@cpdindra.net (confirm spelling)	ARVHAN
Miller	Miller County Sheriff's Office	Wayne Easley, Sheriff	870-774-3001 weasley@millercountyso.us	RHC
Miller	Texarkana Arkansas Police Department	Ed Chattaway, Chief of Police	903-798-3130 no public email	RHC
Mississippi	Mississippi County Sheriff's Office	Dale Cook, Sheriff	870-658-2242 dale.cook@misscoarsheriff.gov	Mississippi
Mississippi	Blytheville Police Department	John Frazier, Chief of Police	870-763-4411 johnfrazier@blythevillepd.org	Mississippi
Phillips	Phillips County Sheriff's Office	Neal Byrd Sr., Sheriff	870-338-5555 neal@phillipscountysheriffar.org	EAR

County	Agency	Contact (name, title)	Phone / email	LHC
Phillips	Helena-West Helena Police Department	Quanderius Sanders, Chief of Police	870-572-3441 qsanders@helena-westhelena.us	EAR
Poinsett	Poinsett County Sheriff's Office	Kevin Molder, Sheriff	870-578-2116 kevin.molder@poinsetter.gov	NEA
Poinsett	Trumann Police Department	Doug Thomas, Chief of Police	870-483-6423 doug.thomas@trumannpd.gov	NEA
Pope	Pope County Sheriff's Office	Blake Wilson, Sheriff Sheriff-elect (Jan. 1, 2027): Shawn Harris	479-968-2558 blake.wilson@popecountyar.gov	ARVHAN
Pope	Russellville Police Department	David Ewing, Chief of Police	479-968-3232 dewing@russellvillear.gov	ARVHAN
Randolph	Randolph County Sheriff's Office	Kevin Bell, Sheriff	870-892-8888 kevin.bell@randolphcountysheriff.org	Delta Hills
Randolph	Pocahontas Police Department	David Edington, Chief of Police	870-892-9867 no public email	Delta Hills
Sevier	Sevier County Sheriff's Office	Robert Gentry, Sheriff	870-642-2125 regentry@seviersheriffar.org	RHC
Sevier	De Queen Police Department	Scott Simmons, Chief of Police	870-642-2213 no public email	RHC
St. Francis	St. Francis County Sheriff's Office	Bobby May, Sheriff	870-633-2611 R.May@stfranciscountysheriff.org	EAR
St. Francis	Forrest City Police Department	Ronald Broussard Sr., Chief of Police	870-633-3434 no public email	EAR
White	White County Sheriff's Office	Phillip E. Miller, Sheriff	501-279-6279 phillipmiller@wcso.cc	Delta Hills
White	Searcy Police Department	Steve Hernandez, Chief of Police	501-268-3531 no public email	Delta Hills

2026 Arkansas Balance of State Continuum of Care Review Team Scoring
Renewal Projects ONLY

Reviewer Name:

Date:

Organization Name:

Project Name:

HUD Project Type: TH

Requested Amount: \$

Scoring: Max Points Available: 21.00 Total Points Earned: 0 Final Score: 0%

Proposed Number of Individuals and/or Families to Serve (Section 5A):

Please read each application fully first before scoring. Each scoring section has the question from the application that applies specifically to that scoring criteria. As the individual point amounts may vary just slightly, please read each scoring criteria fully prior to assigning a score.

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are able to provide rationalization for each project scoring, therefore, please provide comments on scoring rationale.

	Points Earned in Yellow	Max Points in Blue
Project Summary		3
Response is clear and concise and gives a complete picture of the project (3)		
Response gives adequate description of the project but leaves a few unanswered questions (1)		
Response unclear and leaves unanswered questions about purpose of project (0)		
Substance Use Treatment, Outpatient Treatment, Peer Recovery Specialists (N/A for HMIS)		6.00
Substance use treatment is available on-site and provider(s) listed in response TH, PSH, RRH only (2)		
Project provides outpatient treatment for MH & SUD with range of appropriate levels of care, psychosocial interventions, med. management, suicide prevention, & recovery supports (2)		
Project provides access to peer recovery specialists or other forms of peer support and recovery navigation (2)		
("Yes, detailed response" = 2; "Yes, lacking detail" = 1; "No" = 0; "N/A" adjusts max points downward.)		
Family/Support Reunification (e.g., case management, travel costs, arrangement of assistance in another geographic area)		3
Project assists with, or will assist with, family/support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded housing and response provides a clear description (3)		
Project assists with, or will assist with, family/support-network reunification and response gives an adequate description of project but leaves a few unanswered questions (2)		
Project does not assist with, or will not assist with, family/support-network reunification OR response not provided (0)		
N/A (CE, HMIS) (Max points will be N/A, and item will not affect overall percentage score.)		
High Utilizers of Healthcare Systems (N/A for HMIS)		3
Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs and response gives clear description (3)		
Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs but response leaves a few unanswered questions (2)		
Project does not provide or partner to provide specialized supportive services for homeless individuals with a high level of medical needs OR response not provided (0)		
N/A (Max points will be N/A. Item will not affect overall percentage score.)		
Service Participation Requirements for Participants (TH, RRH, PSH only)		6
Applicant clearly shows that service participation is required for program participants and includes appropriate documentation (10)		
Applicant requires service participation of program participants but does not have appropriate documentation (5)		
Applicant did not address or the response leaves unanswered questions (0)		
N/A		
Bonus Points		5
Point In Time Count Participation: Applicant agency participated in the most recent PIT count (January 2026) and submitted data timely. ("Yes" = 5; "No" = 0)		
Overall Comments, Concerns, Recommendations		

2026 Arkansas Balance of State Continuum of Care Review Team Scoring

Reviewer Name:

Date:

Organization Name:

Project Name:

HUD Project Type: TH

Requested Amount: \$

Scoring: Max Points Available: 123 Total Points Earned: 0 Final Score: 0%

Proposed Number of Individuals and/or Families to Serve (Section 5A):

Please read each application fully first before scoring. Each scoring section has the question from the application that applies

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are

TH Threshold Information: NEW TH projects must meet 8 criteria to be considered for funding.

FAIL

Applicant meets HUD's eligibility and threshold criteria.

Pass

Applicant demonstrates adequate capacity to carry out grant (attachments required).*

Pass

Project meets eligible costs or activities requirements.

Pass

Project sufficiently demonstrates eligible populations will be served.

Pass

Project shows required match commitments to implement project.

Fail

Applicant does not have serious compliance or performance issues on current projects.

Pass

Project demonstrates adequate impact or cost effectiveness.

Pass

Project meets HUD Joint TH & PH-RRH Component Minimum Standards**

Pass

Threshold Statements Comments

Points Earned in Yellow

Max Points in Blue

Agency Capacity: Agency demonstrates they have the capacity to carry out and implement the project proposed.

10

Response is clear and concise. Board consists of diverse members. Applicant has experience administering federal funds, and there are no match/leveraging concerns for reaching capacity. (yes/no; yes = 10 pts; no = 0)

Agency Capacity Comments

Agency Experience: Relevant experience serving Homeless Population and operating programs.

20

Response is clear & concise. Gives complete picture of the relevant experience of applicant (20)

Response gives adequate description of related experience, but experience is limited (15)

Response gives adequate description of experience, but leaves a few unanswered questions (10)

Response is unclear and leaves unanswered questions about the experience (0)

Response does not describe experience working with people who are homeless and/or managing a similar program type (0)

Leasing, Rental, Support Services, and HMIS Experience (if applicable)

5

Response is clear/concise and gives complete picture of the relevant experience of the applicant and potential subrecipients (if any) for all applicable aspects. (5)

Response gives adequate description of related experience, but experience is limited for some applicable aspects. (3)

Response gives adequate description of experience, but experience is limited for most applicable aspects (2)

Response is unclear and leaves unanswered questions about the experience in applicable aspects (0)

Response does not describe experience related to leasing, rental assistance, support services, and/or HMIS IF APPLICABLE (0)

N/A (Max points will be N/A and item will not affect percentage score.)

Agency Experience Comments

Monitoring Findings or Concerns

4

Agency has no open (unresolved) monitoring findings or concerns, and there are no outstanding Federal debts (4)

Agency is currently working to address monitoring findings or concerns, but a response letter has not been received by applicant (2)

Agency has open findings or concerns that aren't being addressed, or findings or concerns were of a serious financial or programmatic nature that causes capacity concerns (0)

Program Monitoring Comments

Program Description	Earned:	0	Max:	8
Response has a clear description of the target population to be served (2)				
Response has a clear description of prioritization of treatment and services to re-gain self-sufficiency (2)				
Response has a clear description of a plan to address housing and support service needs of participants (1)				
Response has clear proposed outcomes which seem reasonable (1)				
Response includes a description of planned and established partnerships (1)				
Response clearly describes the plan to reach full project capacity in a timely manner (1)				
("Yes" answers will award points listed. "No" answers will award zero points. "N/A" answers will adjust Max points downward by points listed.)				
Availability of Treatment & Recovery Services (TH, PSH, RRH only)				5
Project has/will have on-site treatment and participation is/will be required to remain in program (5)				
On site treatment but response leaves unanswered questions (2)				
No on-site treatment available (0)				
N/A (SSO, HMIS) (Max Points will be N/A, and Item will not affect overall percentage score.)				
Substance Use Treatment, Outpatient Treatment, Peer Recovery Specialists (N/A for CE & HMIS)				6.00
Substance use treatment is available on-site and provider(s) listed in response TH, PSH, RRH only (2)				
Project provides outpatient treatment for MH & SUD with range of appropriate levels of care, psychosocial interventions, med. management, suicide prevention, & recovery supports (2)				
Project provides access to peer recovery specialists or other forms of peer support and recovery navigation (2)				
("Yes, detailed response" = 2; "Yes, lacking detail" = 1; "No" = 0; "N/A" adjusts max points downward.)				
Family/Support Reunification (e.g., case management, travel costs, arrangement of				3
Project assists with, or will assist with, family/support-network reunification efforts for individuals experiencing homelessness or living in CoC-funded housing and response provides a clear description (3)				
Project assists with, or will assist with, family/support-network reunification and response gives an adequate description of project but leaves a few unanswered questions (2)				
Project does not assist with, or will not assist with, family/support-network reunification OR response not provided (0)				
N/A (CE, HMIS) (Max points will be N/A, and item will not affect overall percentage score.)				
High Utilizers of Healthcare Systems				3
Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs and response gives clear description (3)				
Project (or its partners) will provide specialized supportive services for homeless individuals with high level of medical needs but response leaves a few unanswered questions (2)				
Project does not provide or partner to provide specialized supportive services for homeless individuals with a high level of medical needs OR response not provided (0)				
N/A (Max points will be N/A. Item will not affect overall percentage score.)				
Estimated Schedule of Project Implementation Milestones				3
Applicant provided a complete timeline showing when milestones will occur. Seem reasonable. (3)				
Applicant provided a timeline showing when milestones will occur, missing 1 or 2 applicable ones or some seem unrealistic (2)				
Timeline is unclear or project has some feasibility concerns (0)				
Determinations by Project Type (N/A for HMIS). Answer only for applicable project type. Select "N/A" for other two				6
TH/PSH/RRH Projects	Response clearly describes a plan for service participation requirements and strategy to exit clients to PH (6)			
	Response describes a plan for service participation requirements and strategy to exit clients to PH, but leaves some unanswered questions (4)			
	Response describes a minimal plan for service participation requirements and strategy to exit clients to PH and leaves unanswered questions (1)			
	Response unclear, incomplete, or service participation is not required (0)			
	N/A			
SSO				

Outreach/ Standalone	Response is clear and describes a consistent plan to serve unsheltered population including why the project is necessary to assist people exiting homelessness (6)	
	Response gives an adequate description of the assistance plan but leaves unanswered questions (3)	
	Response unclear, incomplete, or project only proposes providing services to clients in housing they operate (0)	
Coord. Entry	N/A	
	Response is clear and describes a consistent plan regarding prioritization (6)	
	Response gives an adequate description of the prioritization plan but leaves unanswered questions (3)	
	Response unclear or incomplete (0)	
	N/A	

General Description Comments

Permanent Housing Stability: completeness of picture of plan to assist participants to remain housed, including addressing needs of target population through both case management and accessing outside services, demonstrating proposed housing type(s) meets needs of participants, how project will work with landlords, and assistance & support to be provided to participants, and how project will work to help participants set goals (N/A for CE, HMIS)

10

Response is clear and concise, gives complete picture of plan, addresses all points above (10)

Response is clear and concise, gives adequate picture of plan, addresses all points above (8)

Response gives adequate description of proposed plan but does not address all points above (6)

Response gives adequate description but leaves unanswered questions (2)

Response unclear or incomplete (0)

N/A

Note: Projects proposed to exclusively serve victims of domestic violence should also describe safety planning to address participant needs.

Increase in Income: picture of specific plan to assist participants in increasing their employment income, including addressing needs of target population through both case management and coordination with mainstream service programs to ensure participants are assisted in accessing mainstream services, also addressing how service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. (N/A for CE, HMIS)

10

Response is clear and concise, gives complete picture of plan, addresses all points above (10)

Response is clear and concise, gives adequate picture of plan, addresses all points above (7)

Response is unclear or incomplete (0)

N/A

Note: Responses that do not include specific plan to coordinate/integrate with mainstream health, social services, and employment programs and ensure participants are assisted to obtain benefits from mainstream programs for which they may be eligible will not meet HUD threshold requirements.

Supportive Services (N/A for CE, HMIS)

5

Response indicates at least 11 services will be offered in order to implement comprehensive program. Description is clear, frequency is often, no unanswered questions (5)

Response indicates at least 11 services will be offered, but description is unclear, frequency is acceptable, or leaves some unanswered questions (4)

Response indicates 7-10 services will be offered, description is clear, frequency acceptable, no unanswered questions (3)

Response indicates 7-10 services will be offered, description unclear, frequency questionable, or leaves some unanswered questions (1)

Response indicates less than 7 services will be offered (0)

N/A

Supportive Services Comments

Service Participation Requirements for Participants (TH, RRH, PSH only)

10

Applicant clearly shows that service participation is required for program participants and includes appropriate documentation (10)

Applicant requires service participation of program participants but does not have appropriate documentation (5)

Applicant did not address or the response leaves unanswered questions (0)

N/A

Service Participation Requirements Comments

Performance Measures (N/A for CE, HMIS) Both are "N/A" OR Both are scored.		0
Housing Stability	Response indicates that the project has a plan that is thorough and realistic that will help at least 50% of participants reach housing stability (10)	
	Response indicates the project has a less thorough or realistic plan to help 50% of participants reach housing stability (4)	
	Response does not address or adequately describe how project will help participants reach housing stability, or narrative notes an anticipated rate less than 50% (0)	
	N/A	
Income	Response indicates project has a plan that is thorough and realistic that will help at least 25% of participant households increase employment income (10)	
	Response indicates project has a less thorough or realistic plan to help at least 25% of households increase employment income (4)	
	Response does not address or adequately describe how project will help participants increase employment income (0)	
	N/A	

Proposed Performance Measures Comments

Budget	10
The budgets and rationale for the requested amounts are complete, accurate, and realistic, and leave no questions (10)	
The budgets and rationale for the requested amounts are complete, accurate, and realistic, but leave unanswered questions (7)	
The budgets and rationale for the requested amounts are acceptable but leave unanswered questions (5)	
The budgets and rationale for the requested amounts are not clear, complete, accurate, or realistic, and/or leave too many unanswered questions (0)	

Budget Comments

Project Match (Cash and/or In-Kind Resources): New projects must demonstrate required match resources equal to at least 25% of the total requested HUD funding, including project and administrative costs.	5
Well defined (5)	
Acceptable (3)	
Unacceptable (0)	

Match Comments

Bonus Points	5
Point In Time Count Participation: Applicant agency participated in the most recent PIT count (January 2026) and submitted data timely. ("Yes" = 5;"No" = 0)	

Overall Comments, Concerns, Recommendations



FY 2026 CoC Competition Selection Results

Rank & Review Committee: Jacquelynn Cadena, Chair; Lisa Willard; Karen Davis

Tier 1 Cap Amount: \$236,603

Project Name	Score	Status	Set Aside	Rank	Amount Requested		Reallocated Funds	Cumulative Ask
					Tier 1	Tier 2		
AR BoS Planning	N/A	Accepted Renewal		Not Ranked	Tier N/A: \$233,433		\$0	Not Counted
HMIS-OCYFS	183.33%	Accepted Renewal		1	\$58,598	--	\$0	\$58,598
OCYFS-Joint TH/RRH	65.08%	Accepted Renewal		2	\$178,005	\$46,669	\$0	\$283,272
					Total: \$224,674			
Margie’s Haven House-RRH	53.97%	Accepted Renewal		3	--	\$109,900	\$0	\$393,172
OCYFS-Coord. Entry	104.57%	Accepted New	CoC Bonus	4	--	\$176,000	\$0	\$569,172
Friends of CRC-SSO	90.31%	Accepted New	CoC Bonus	5	--	\$154,766	\$0	\$723,938
St. Bernard’s Dev. -SSO	88.17%	Accepted New	CoC Bonus	6	--	\$80,000	\$0	\$803,938
CAPCA-SSO	90.19%	Accepted New	CoC Bonus	7	--	\$434,550	\$0	\$1,238,488
Adult/Teen Chall. -TH	83.17%	Accepted New	CoC Bonus	8	--	\$278,417	\$0	\$1,516,905

HUD CoC Estimated Annual Renewal Demand Report FY 2026

CoC # & Name	Estimated ARD	PPRN	FPRN	DV Bonus	CoC Bonus	CoC Planning	UFA Costs	Tier 1
AR 503-AR BoS	\$394,339	\$4,668,788	\$4,668,788	\$933,758	\$700,318	\$233,439	\$140,064	\$236,603

Mission Statement:

The mission of the Arkansas Balance of State Continuum of Care is to facilitate a coordinated effort of planning, integration of mainstream resources, and implementation of programs targeted at reducing homelessness and improving housing stability across Arkansas' diverse local homeless coalitions that comprise the Arkansas Balance of State Continuum of Care.

**Certification for Opportunity Zones
Preference Points**

**U.S. Department of Housing and
Urban Development**

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

Type or clearly print the following information.

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

Applicant Organization: AR-503 Arkansas Balance of State CoC

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

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

CPD-2600-DC-0025 Continuum of Care Homeless Assistance Competition

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."

05051011500; 05051010700; 05051010800; 05051010602; 05051011702; 05051011300; 05051011400; 05051011802;
05045030900; 05045030702; 05045030701; 05045030800; 05045031003; 05031000702; 05031000200; 05031000101;
05031000102; 05031000602; 05031000601; 05031000403; 05031000404; 05031000805

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

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

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

Estimated Funding Allocations

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

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

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

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

By providing outreach, engagement, and supportive services such as case management and connection to treatment and recovery services, employment services, mainstream resources, etc., the projects put forth by AR-503 in our Consolidated Application will reduce street homelessness thereby making communities more attractive to business development and both public and private investment.

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

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

Certification of Authorized Representative for the Applicant:

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

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

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Signature:

Date:



Statement on Advancing Recovery

Arkansas Balance of State Continuum of Care does not condone the use of drugs. CoC-funded housing projects shall not operate drug injection sites or “safe consumption” sites, knowingly distribute drug paraphernalia on or off any properties under their control, knowingly permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction”. CoC-funded housing projects found to be in violation of the above may be subject to rejection from future CoC NOFO local competition(s), including new and renewal project applications, until such time as it is determined that the agency is in compliance, and/or project applications submitted by an agency in violation may lose points in the local competition ranking as a direct result of such noncompliance. Arkansas Balance of State encourages all member and partner agencies to either provide or connect participants to substance use disorder treatment and recovery housing within or outside the CoC. This statement does 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 in accordance with 24 CFR 578.