



**Missouri Balance of State Continuum of Care (MO 606)  
Notice of Funding Opportunity (NOFO) CoC Local Competition  
Instructions**

The MO BoS Continuum of Care (MO BoS) is notifying eligible agencies and providers of the FY 2026 CoC Local NOFO Competition for the FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO. The MO BoS CoC is charged by the U.S. Department of Housing and Urban Development (HUD) to submit a community-wide application for homeless assistance funds in response to this NOFO.

MO BoS is notifying eligible agencies and providers to submit new, renewal, expansion projects and projects dedicated to serve Victims of Domestic Violence. For the FY 2026 Notice of Funding Opportunity (NOFO) competition, the Department of Housing and Urban Development (HUD) has set the funding limit of Tier 1 of the CoC's Annual Renewal Demand (ARD) no more than 60% of the ARD. Given this limitation, the MO BoS strongly encourages applicants to consider project applications that align with HUD's priority areas as detailed in the NOFO for this funding opportunity. Additionally new project types are permitted under this NOFO including Transitional Housing and Supportive Services Only - Street Outreach. This guidance is intended to align funding requests with regional and federal priorities, ensuring that resources are directed to areas of greatest need and competitively position the CoC to maximize funding award.

FY 2026 HUD CoC Program Competition Notice of Funding Opportunity is published and can be accessed on the [CoC Program Competition Page](#). Additional information released by HUD can also be accessed at the above website and throughout the competition period.

**RANK & REVIEW SUBCOMMITTEE**

The Rank and Review Subcommittee will review timely and complete project application from eligible agencies based on several factors including but not limited to: meeting HUD application thresholds, CoC regional needs, and agency spending and performance outcomes for renewing projects. As a result, the amount of funding recommended for a project may be adjusted to reflect these considerations, ensuring that resources are allocated effectively and in alignment with both HUD requirements and regional priorities.

**LETTER OF INTENT PROCESS**

Agencies are encouraged to apply even if no letter of intent was submitted by June 5, 2026.



## PROJECT APPLICANT/AGENCY CONTACT

A representative from your agency **must be available** during the Rank and Review session to answer any questions regarding your project application or proposed budget. If a representative is not available and the Rank and Review subcommittee has questions, the absence of information may impact on your overall project application score for any issue that cannot be clarified during that time.

Due to the time sensitive nature of the NOFO competition we may need to contact someone **outside of normal business hours**. Please provide the **name and mobile phone number** of the person who can be reached during this period to ensure your agency can address unresolved questions.

## APPLICATION SUBMISSION

For the FY 2026 CoC competition, each agency is required to complete both the e-snaps Project Application and the local CoC application. The e-snaps application must be completed, exported as a PDF, and emailed to the CoC along with the local CoC application by the stated deadline.

Agencies should **not click “Submit” in e-snaps** until after the CoC Board of Directors has approved the Final Priority Listing; notification will be provided via email when it is time to submit the e-snaps application officially.

The local CoC application must also be completed, as scoring elements and required information are drawn from both the e-snaps and local applications. These applications are used together to verify information, eliminate duplication, and ensure accuracy. Failure to submit both the e-snaps PDF and the local CoC application will be considered an incomplete application and will not be accepted or reviewed.

All applications and attachments are due by **5:00 PM CDT on, July 16, 2026**, and must be emailed to [moboscoc@gmail.com](mailto:moboscoc@gmail.com) to be considered officially submitted. Agencies experiencing submission issues should contact Reginald Jennings, Funding and Performance Committee Chair, at [reginald@capeareahabitat.org](mailto:reginald@capeareahabitat.org) or **573-382-1136**.

## ADDITIONAL RESOURCES

CoC Virtual Binder <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/coc-eligible-activities-overview/>

CoC Program Interim Rule <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>



**INSTRUCTIONS AND GUIDANCE FOR LOCAL APPLICATION**

All responses for the CoC local application questions must be submitted in narrative form on a Word document. There is no page limit to the narratives. The CoC does not want agencies to submit policies in place of narrative. The Rank and Review Subcommittee will not be reading pages and pages of agency policy. Please summarize your descriptions and answer the questions. In addition to the attachments noted on Page 5, there are required attachments in the Narrative Section for a project dedicated to Victims of Domestic Violence which ask for a safety plan.

**Missouri Balance of State Continuum of Care  
FY 2026 NOFO CoC Local Application**

**Name of Agency:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Agency Mailing Address:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Total Request for Project:** \$ \_\_\_\_\_

**Project Component Type & Application Type**

**Project Type:**

- Transitional Housing (TH)
- Supportive Services Only (SSO)
- Supportive Services Only – Coordinated Entry (SSO-CE)
- Supportive Services Only – Street Outreach (SSO-SO)
- Transitional Housing / Rapid Rehousing Joint Component (TH-RRH) (Renewal Only)
- Rapid Rehousing (RRH)
- Permanent Supportive Housing (PSH)
- Project dedicated to Victims of Domestic Violence
- Homeless Management Information System (HMIS Lead Only)



**Subcategory:**

- New Project                       Renewal Project                       Expansion Project

**Funding Type:**

- Regular Bonus                       DV Bonus                       YHDP

**Project Contact & Communications Information**

**Person One:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Person Two:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**After-Hours Contact Person:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Partnerships and Coordination**

Does your agency have a relationship, MOU, MOA, or any other partnership agreement with any of the following? (MO BoS strongly encourages agencies to develop relationships with these entities if you currently do not have one.) If partnership exists, please attach a copy of the MOU, MOA or partnership agreement.

- Healthcare Entities
- Mental Health Entities
- Substance Use Disorder Entities
- Childcare Centers
- Pre-K Education / Head Start
- Education and Related Services Providers
- Public Housing Authority (PHA) (Move-On Homeless Preference, development collaboration, etc.)
- Law Enforcement / Criminal Justice Organization
- Street Outreach Teams
- Faith-Based Organizations



**For Information Only (Select all that apply):**

Is your organization a:

- Faith-based organization
- 501(c)(3)
- Substance use treatment or recovery provider
- Law enforcement Organization / Criminal Justice Organization
- Mental health services provider
- None of the above

**Required Attachments**

Please submit the following attachments if you did not submit a Letter of Intent or submit all the required documents with your Letter of Intent:

- Organization's Conflict of Interest Policies or Organization's Code of Conduct Policy\*\*\*\*
- APR (Annual Performance Report from SAGE) for April 1, 2025 – March 31, 2026 and **the most recent completed grant cycle submitted in SAGE (Renewal Projects Only)**
- Coordinated Entry System Participation MOU, if applicable
- Proof of active SAM.gov registration (screenshot showing application status or active registration with expiration date)
- Missouri Certificate of Good Standing (**dated within the last 30 days**)
- Quarterly Drawdown Reports from eLOCCS for the Most Recently Completed Grant Cycle (**Renewal Projects Only**)
- Monitoring \*
- Audit Documentation\*\*
- HMIS or Comparable Database APR\*\*\*
- Agency Project Budget

*\*Must be attached if any CoC or HUD monitoring reviews were completed in the last 2 years. If monitoring showed no finding or you have not been monitored, please attached office letter stating no findings.*

*\*\*Must attach the most recent single audit, completed financial audit, or 990. A single audit or completed financial audit, including Management Letter, is required if the agency has completed an audit in the last 2 years.*

*\*\*\* Agencies using an HMIS-comparable database must submit a non-CSV APR for the reporting period listed above.*

*\*\*\*\* Please verify that your agency's Conflict of Interest Policy or Code of Conduct has been uploaded to the HUD or using the link below. If your agency's policy has not yet been uploaded, please upload the document and provide a screenshot confirming that it has been submitted and is awaiting approval.*

<http://www.hud.gov/hud-partners/grants-code-of-conduct>



## General CoC Questions

Each applicant or organization must answer the following questions in an attached document with the Section (A, B, C, e.g.) and number the responses, as applicable.

### A. Coordinated Entry

Please describe your agency's participation in Coordinated Entry (CE).

At a minimum, include:

1. Your agency's access level within the CE system
2. Experience using CES (Coordinated Entry System)
3. Participation in case conferencing
4. Any regional leadership roles connected to the Coordinated Entry System
5. Any other relevant contributions, responsibilities, or innovations
6. If none of the above, the plan to actively participate in MO BoS CE System

### B. Point in Time Count (PITC)

Please describe your agency's participation in the 2025 Point in Time Count.

At a minimum, include:

1. Participation in the sheltered count and/or unsheltered count
2. Activities your agency assisted with (e.g., Project Connect, meal services, warming centers, transportation, volunteering)
3. Any regional or county leadership roles
4. Any unique or creative strategies your agency implemented during PITC
5. If none of the above, the plan to actively participate in MO BoS 2027 PITC

### C. General CoC Activities

Please describe your agency's participation in CoC-wide activities for MO BoS.

This may include:

1. Regional leadership positions
2. Participation in committees, subcommittees, or workgroups
3. Engagement with CoC-wide initiatives outside of your local county
4. Any additional contributions that demonstrate collaboration and system-wide involvement
5. If none of the above, the plan to actively participate in MO BoS CoC-wide activities.

### D. Project Compliance (Renewal Projects or CoC Returning Applicant Agencies)

1. Did the applicant submit all requested documentation and supporting materials for the requested March 2026 Housing Assessment by the established deadline?



2. Did the applicant submit all required documentation for the project's risk assessment and monitoring by the established deadline?
3. Did the project fully expend all funds in the most recent completed grant period for the CoC grant held by the agency? If not, explain. *Note: If agency had more than one grant, please provide information for all grants.*
4. Did the project meet or exceed program outcomes in the most recent completed grant period as reported in the project Annual Performance Report (APR). If not, explain. *Note: If agency had more than one grant, please provide information for all grants.*

**E. Youth Homelessness Demonstration Project (YHDP) Supplemental Questions. For all new and renewal YHDP projects:**

1. Describe how your program demonstrates Positive Youth Development (PYD) and trauma-informed care.
2. Describe how your program incorporates youth choice, voice, and self-determination.
3. Describe how your program provided developmentally appropriate case management and services.
4. Describe how the project is effective in connecting participants to educational opportunities, including high school completion, GED programs, vocational training, certifications, or post-secondary education?
5. Describe how the project is effective in engaging youth and young adults in meaningful services, activities, and supports that promote personal growth and successful outcomes?

**F. For New Transitional Housing (TH) projects, please address the following:**

1. Describe how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)
2. Describe your agency's prior experience operating transitional housing or other housing programs that have successfully assisted individuals and families experiencing homelessness in obtaining permanent housing within 24 months? If not, provide a detailed plan demonstrating how program participants will be assisted in exiting homelessness and obtaining permanent housing without subsidy within 24 months of program entry?
3. Describe your agency's prior experience operating transitional housing or other housing programs or has a plan in place to ensure that 60 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.
4. Describe how the project participants will be connected with other public or private resources. Additionally, please describe how the project will leverage mainstream health, social service, and employment resources, including but not limited to Medicare, Medicaid, SSI, SNAP, workforce development programs, behavioral health services, and



other community-based supports to enhance participant outcomes and housing stability.

5. Demonstrate that the proposed project will require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h) by attaching a supportive service agreement (contract, occupancy agreement, lease, or equivalent).
6. Please describe how the proposed project will assess the service needs of program participants and provide individualized services during their stay in Transitional Housing. Specifically, explain how the project will ensure that program participants engage in at least 20 hours per week of services, activities, and/or employment, unless the participant is over age 62, an individual with handicaps as defined in 24 CFR 8.3, or an individual with a developmental disability as defined in 24 CFR 578.3.

Examples of eligible services and activities may include, but are not limited to, case management, counseling, treatment services, volunteer activities, work therapy, educational programs, job training, employment, and community-building activities. Employment may count toward the 20-hour weekly engagement requirement.

Additionally, describe how the project will develop and maintain individualized service plans for each program participant, including:

- The services to be provided.
  - When and how often services will be provided.
  - Who will provide the services.
  - Participant goals and objectives.
  - Strategies for achieving those goals.
  - Target dates for goal achievement; and
  - How the service plan will support improved health and wellness, housing stability, increased employment income, financial stability, and long-term self-sufficiency.
7. Demonstrate the average cost per household served for the project is reasonable.

**G. For New Supportive Services Only (SSO) projects, please address the following:**

1. Describe how the project is effective in assisting people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing how self-sufficiency and the applicant will conduct an annual assessment of the service needs of the program participants.
2. Describe the project's experience, or plan for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.



3. Describe how project participants will be connected with other resources from other public or private resources? Additionally, please describe how the project will leverage mainstream health, social service, and employment resources, including but not limited to Medicare, Medicaid, SSI, SNAP, workforce development programs, behavioral health services, and other community-based supports to enhance participant outcomes and housing stability.
4. Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.

**H. For New Supportive Services Only (SSO) Street Outreach projects, please address the following:**

1. Describe how the project participants will be connected with other resources from other public or private resources? Additionally, please describe how the project will leverage mainstream health, social service, and employment resources, including but not limited to Medicare, Medicaid, SSI, SNAP, workforce development programs, behavioral health services, and other community-based supports to enhance participant outcomes and housing stability.
2. Describe the-project experience, or plan for providing street outreach services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
3. Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing, or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals. The services provided are cost-effective consistent with 2 CFR 200.404.
4. Describe the project's experience, or plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing programs.
5. Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.

**I. For New SSO-Coordinated Entry (SSO-CE) projects excluding DV SSO-CE unless an expansion, please address the following:**

1. Describe how the SSO-CE project is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance.
2. Describe how the SSO-CE project is accessible for persons with disabilities within the CoC's geographic area.



3. Describe how the SSO-CE project's strategy for advertising is designed specifically to reach households experiencing homelessness with the highest needs.
4. Describe how the SSO-CE project adheres to the standardized assessment process and Policies and Procedures approved by the MO BoS CoC.
5. Describe how the SSO-CE project will ensure program participants are directed to appropriate housing and services that fit their needs across the CoC.

**J. For New Permanent Supportive Housing (PH-PSH) projects, please address the following:**

1. The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.
2. Describe the supportive services and assistance that will be offered to program participants to ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant/agency is proposing to expand an existing PH-PSH project, demonstrate how the expansion project will increase access to housing and/or supportive services.
3. Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.
4. Describe how the project participants will be connected with other resources from other public or private resources? Additionally, please describe how the project will leverage mainstream health, social service, and employment resources, including but not limited to Medicare, Medicaid, SSI, SNAP, workforce development programs, behavioral health services, and other community-based supports to enhance participant outcomes and housing stability.
5. Describe your agency's prior experience operating PSH projects or other housing programs or has a plan in place to ensure that at that 40 percent of participants exit with employment income as reflected in HMIS or another data system.

**K. For New Rapid Rehousing (PH-RRH) projects, please address the following:**

1. Describe the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness within 24 months.
2. Describe your agency's prior experience operating rapid rehousing projects or other housing programs or has a plan in place to ensure that 40 percent of participants exit with employment income as reflected in HMIS or another data system.
3. Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404.
4. Describe how the project participants will be connected with other resources from other public or private resources? Additionally, please describe how the project will leverage mainstream health, social service, and employment resources, including but not limited to Medicare, Medicaid, SSI, SNAP, workforce development programs, behavioral health



services, and other community-based supports to enhance participant outcomes and housing stability.

### **Additional Information or Mitigating Factors**

**\*\*\*This section is optional and is not a required question.**

\* Please describe any additional information that may not be asked for in e-snaps or the local application that you feel is important to your grant application or are mitigating factors that should be considered by the Rank and Review Subcommittee. **Limited to one-page.**

Note: See the next page if you are submitting a project application dedicated to Victims of Domestic Violence. Reminder, all Victim Service Providers using a comparable database, must submit an APR from April 1, 2025 – March 31, 2026, with your renewal application submission.



## Additional Questions:

These questions must be answered by each agency applying for project dedicated to Victims of Domestic Violence. Each applicant or organization must answer the following questions in an attached document with the Section (A, B, C, e.g.) noted. Please be succinct in the responses/descriptions but answer the questions fully.

### A. Confidentiality of Survivors

Please describe your agency's confidentiality policies that protect survivors' personally identifying information (PII) in compliance with VAWA, FVPSA, VOCA, and HUD requirements. Include the following: How informed consent is obtained, how staff are trained on this issue, how data is secured and shared, and how these policies are implemented with other agency partnerships.

### B. Client Database Entry and Safety

For non-primary victim service providers, please describe your agency's policies and procedures to inform survivors about the benefits and risks of entering information into a HMIS database. Include the following: Who may access their PII, how survivors may withdraw consent at any time, and options to keep their information confidential, including a locked HMIS file.

For primary victim service providers, please describe your agency's policies and procedures to inform survivors about the benefits and risks of entering information into a comparable database. Include the following: Who may access their PII, how survivors may withdraw consent at any time, and options to keep their information confidential, including anonymous reporting.

### C. Safety Planning and Outcomes

Please describe how your agency assists survivors to identify potential safety risks and include how safety planning is evaluated and the outcomes for the prior 12 months.

If you are new to victim services and do not have 12 months of evaluation data, please describe how you will collect this data and how it will be used to implement improvements.

An applicant agency must attach the Agency/project safety plan for survivors of domestic violence, dating violence, sexual assault, and stalking.

Plans should include:

\*\*Information sharing policies that include de-identification for any client data that may be collected for Coordinated Entry efforts.

\*\*Comparable database use for all programs where the target population is survivors of domestic violence, dating violence, sexual assault, and stalking.

\*\*Comparable database should include the ability to generate aggregate CAPER reports for the reporting of System Performance Measures within the data sharing policies for survivors of domestic violence, dating violence, sexual assault, and stalking.

\*\*The support available to adjust safety plans, as needed.



**D. Community Resources and Outcomes**

Please identify how your agency helps connect survivors to available community resources. Include the following: How are relevant referrals provided, how survivors are assisted in accessing mainstream benefits, and how accessing community resources are evaluated and the outcomes for the prior 12 months.

If you are new to victim services and do not have 12 months of evaluation data, please describe how you will collect this data and how it will be used to implement improvements.

**E. CE System Safety**

Please describe your agency’s current or planned involvement in the Coordinated Entry System, specifically to the non-HMIS list and safety protocols of the CoC. Applicant must also describe how your agency upholds survivor confidentiality when working with other system partners and within case conferencing.

**Signature Block for Programs Seeking FY 2026 NOFO Funds**

The undersigned applicant(s) hereby certify that all statements contained in this application are true and correct to the best of applicant(s) knowledge and belief, and that the Review Committee will rely on this certification in reviewing the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_

\*\*\*Electronic or typed signatures will be accepted.