

GRANT APPLICATION STAFF REPORT

Date: December 9, 2025

To: Douglas County Board of County Commissioners

Through: Douglas J. DeBord, County Manager

From: Jennifer L. Eby, AICP, Director of Community Services

CC: Melody D'Haillecourt, Community Programs Coordinator
Tiffany Marsitto, Community Services Supervisor
Rand M. Clark, CCAP, NCRT, Assistant Director of Community Services

Subject: **Grant application for FY2025 Continuum of Care funds in the amount of \$1,681,986 with a local match of \$561,748 for a project total of \$2,243,734.**

Board of County Commissioners' Business Meeting

December 9, 2025 @ 1:30 p.m.

I. EXECUTIVE SUMMARY

On November 14, 2025, The U.S. Department of Housing and Urban Development (HUD) released the FY2025 Continuum of Care (COC) Competition and Youth Homeless Demonstration Program Grants Notice of Funding Opportunity (NOFO). Staff request authorization by the Board of County Commissioners (BCC) to apply for \$1,681,986 with a local match of \$561,748 for a project total of \$2,243,734. This application will support the efforts of the Douglas County Homeless Initiative (DCHI) through the Homeless Engagement, Assistance and Resource Team (HEART), the development of a Transitional Housing (TH) program to serve the general population, and a Rapid Re-Housing (RRH) program for survivors of domestic violence.

II. REQUEST

Staff are requesting authorization from the BCC to apply for FY2025 COC NOFO in the amount of \$1,681,986 with a local match of \$561,748 for a project total of \$2,243,734.

III. BACKGROUND

The annual COC grant is designed to promote a community-wide commitment to end homelessness. The FY2025 COC NOFO aligns with President's Executive Order (Order) issued on July 24, 2025, *Ending Crime and Disorder on America's Streets*. The Order directs all federal discretionary funding to focus on ending the crisis of homelessness, prioritizing treatment and recovery, advancing public safety, promoting self-sufficiency through employment opportunities, improving outcomes, and minimizing trauma.

The NOFO ends "housing first" policies and shifts the focus from permanent supportive housing to TH and supportive services including street outreach, mental health, and substance use disorder services. Priority funding will be awarded to jurisdictions that actively meet the following criteria to the maximum extent permitted by law:

- enforce prohibitions on open illicit drug use
- enforce prohibitions on urban camping and loitering
- enforce prohibitions on urban squatting
- enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves
- comply with the registration and notification obligations for the Sex Offender Registry and Notification Act

The DCHI's efforts to end homelessness fully align with the President's Executive Order and this NOFO.

IV. DISCUSSION

On November 14, 2025, HUD released the FY2025 NOFO for the COC. The period of performance is May 2026 through December 2027. Applications are due on January 14, 2026. Staff recommends requesting funding for three programs:

1. **Supportive Services Street Outreach:** Funding will support one year of salary and benefits for five FTEs for the HEART and four FTEs in collaboration with the County's Mental Health Division and the Community Response Team (CRT) to strategically support people who are unhoused and have mental and behavioral health needs.

Supportive services funding will allow staff to provide targeted assistance to unhoused individuals who are actively participating in services and demonstrating readiness for housing-focused interventions including comprehensive mental and behavioral health. This funding opportunity replaces existing grant funds that are scheduled to expire at the end of 2026.

2. **Transitional Housing Program:** Funding will provide 6-12 months of rental assistance and supportive services for an estimated 10 households. The NOFO requires that all participants engage in 40 hours a week of workforce activity, case management, education, behavioral or mental health services. The County will partner with local non-profit partners to provide required services.

3. **Rapid Re-Housing Program for Survivors of Domestic Violence:** This program will provide up to 6 months of rental assistance for an estimated 16 families impacted by domestic violence. The County will partner with local domestic violence service providers to facilitate assistance and supportive services. Case management will be required to ensure participants are able to successfully obtain self-sufficiency.

The NOFO requires a 25% match contribution for all projects. Match for the supportive services street outreach project will be provided in-kind through general fund contributions budgeted for three Douglas County Sheriff's Office Deputies assigned to HEART. The required match contribution for the TH project will be provided through existing Community Service Block Grant (CSGB) funding. Lastly, the match contribution for the RRH project will be provided in-kind through local domestic violence providers. No additional County funds will be needed to meet match requirements.

The budget for the project will be as follows:

FY2025 COC NOFO Budget	
Grant Request	
Supportive Services Street Outreach: Staff Salaries and Benefits	\$ 1,204,190
Transitional Housing	\$ 210,100
Domestic Violence Rapid Re-Housing	\$ 267,696
Total	\$ 1,681,986
Project Match	
Supportive Services Street Outreach: County In-Kind Match	\$ 401,397
Transitional Housing: CSBG	\$ 70,035
Domestic Violence Rapid Re-Housing: Partner In-Kind Match	\$ 90,316
Total	\$ 561,748
Grand Total	\$ 2,243,734

V. RECOMMENDED ACTION

Staff recommends the BCC authorize application for the FY2025 COC NOFO funding in the amount of \$1,681,986 with a local match of \$561,748 for a project total of \$2,243,734.

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**Metro Denver Homeless Initiative (MDHI)
FY 2025 CoC Program NOFO
Request for Proposals (RFP)
Issued November 26, 2025**

Introduction

The Continuum of Care (CoC) for the seven-county Metro Denver region, led by Metro Denver Homeless Initiative (MDHI), is accepting proposals for the FY 2025 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). On March 15, 2025, the President signed H.R. 1968 authorizing the Full-Year Continuing Appropriations and Extensions Act, 2025 (Public Law 119-4) which makes approximately \$3,524,000,000 of CoC Program funding available for FY 2025, authorizing homeless services organizations to apply for competitive funding to provide supportive services and housing programs for individuals and families experiencing homelessness.

FY2025 HUD Policy Priorities

HUD has the following six goals for this competition:

1. Ending the Crisis of Homelessness on our Streets.
2. Prioritizing Treatment and Recovery.
3. Advancing Public Safety.
4. Promoting Self-Sufficiency.
5. Improving Outcomes.
6. Minimizing Trauma.

Eligible Applicants

Organizations are invited to apply if they are an eligible entity type and meet all funding conditions included in the NOFO. HUD will review all applications based on the criteria detailed in Section V of the NOFO. To be eligible for funding, an applicant must be one of the following entity types:

Governmental Entities: State, County, City/Township, and Special District Governments.

Tribal Entities: Native American Tribal Governments (Federally recognized) and Tribal Organizations.

Housing Authorities: Public Housing Authorities/Indian Housing Authorities.

Nonprofits: Nonprofits having a 501(c)(3) status with the IRS (other than institutions of higher education).

Other: Entities specified in the NOFO's "Additional Information on Eligibility."

Key Eligibility Notes

Faith-based organizations may apply on the same basis as any other eligible organization.

Individuals are ineligible applicants.

All project applicants must meet all statutory and regulatory requirements in the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381–11389) and the CoC Program Rule (24 CFR part 578).

Cost Sharing or Matching

This Program requires cost sharing or matching, as described below.

24 CFR 578.73 of the Rule requires that recipients must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. 24 CFR 578.73.

Project applicants that intend to use program income as a match must provide an estimate of how much program income will be used for the match. HUD will not require YHDP Renewal or replacement projects to meet the 25 percent match requirement if the applicant is able to demonstrate it has taken reasonable steps to maximize resources available for youth experiencing homelessness.

Funding and Project Types

Metro Denver is eligible to apply for approximately \$35 million in the upcoming Continuum of Care (CoC) Program competition. This allocation covers the following eligible activities: transitional housing (TH), permanent housing (PSH and RRH), street outreach, data and HMIS infrastructure, coordinated entry, CoC planning, and standalone supportive services only. Applicants should note a significant change in this year’s funding emphasis: there is a new focused emphasis on funding for street outreach and transitional housing projects. There is also reduced overall funding available for permanent housing projects (PSH and RRH).

Submission Instructions and Deadline

The following components must be included in each proposal and submitted via email to nofa@mdhi.org with the subject “Organization Name FY25 CoC Program NOFO Proposal” no later than 5:00pm on December 12, 2025.

Selection Timeline

HUD FY25 CoC Program NOFO Released	November 13, 2025
MDHI Local RFP Released	November 26, 2025
RFP Submissions Due	December 12, 2025
Follow up questions/Budget and program adjustments (if applicable)	MDHI may request additional information from grantees as needed to make a funding decision. MDHI may ask applicants to make program or budget adjustments prior to a final funding decision.
Notification to Applicants of Final Funding Recommendation	December 30, 2025
All approved applications completed in eSnaps	January 8, 2025
Final Submission to HUD via eSnaps (MDHI and Selected Agencies)	January 12, 2025
HUD Submission Deadline	January 14, 2025

Resources

[HUD CoC Program Website](#)

[MDHI website](#)

To submit technical questions email cocnofo@hud.gov

For questions regarding the local competition, email MDHI at nofa@mdhi.org

FY25 CoC Program NOFO Proposal

Submission Instructions: Please complete the following form and send as a PDF named as follows: "FY25 CoC Program NOFO Proposal. Organization Name. Project Name" to nofa@mdhi.org

If you are applying for funding for multiple project types, please submit a separate proposal for each project.

I. Organization and Contact Information

A. Organization Information

Field	Response
Agency/Organization Name	Douglas County, CO
Employer Identification Number (EIN)	84-6000761
Unique Entity ID (UEI)	LXESXEA44AH6
Administrative Address	100 Third Street
City, State, Zip	Castle Rock, CO 80104
Phone	303-660-7460
Fax	
Website	www.douglas.co.us
Department Name	Department of Community Services, Rand Clark
Assistant Director	303-660-7460x4116
Assistant Director Email	Rclark1@douglas.co.us

B. Contact Information

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

Contact Role	Name	Title	Phone	Email
Primary Contact	Steven Dodrill	Community Programs Administrator	303-814-4317	sdodrill@douglas.co.us

Secondary Contact	Melody D'Haillecourt	Community Programs Coordinator	303-814-4380	mdhaillecourt@douglas.co.us
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II. Organization & Proposal Information

Field	Response
Project Name	Douglas County
Site Address (if different than administrative address)	
Proposal Request (Total Funding Amount)	\$2,243,734
Total Project Budget	\$1,681,986
Total Agency Budget	\$561,748

1. Is your organization a victim service provider defined in 24 CFR 578.3?

(Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.)

☐ Yes ☒ No

2. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?

☒ Yes ☐ No

Project Component Type (Select One)

- ☐ Permanent Supportive Housing
☒ Rapid Rehousing
☒ Transitional Housing
☒ Supportive Services Only

Application Type

- ☒ New project application
☐ Transition Grant
☐ Expansion Grant

Target Populations (Select All That Apply)

- ☐ People experiencing chronic homelessness ☐ Seniors ☐ Veterans ☐ Families with children

☐ Youth (18-24) ☐ Persons living with disabilities ☐ Persons living with mental illness
☐ Persons living with substance use disorder ☒ Fleeing domestic violence ☐ Persons living with HIV/AIDS
☒ – Project serves all subpopulations ☐ Other _____

III. Project Component Details

Instructions: Please complete only the subsection corresponding to the Project Component Type you selected in Section II (e.g., if you selected "Rapid Rehousing," complete only the "Project Type: Rapid Re-housing" subsection). For all housing projects (PSH, RRH, TH), you must provide the total unit/bed counts and break down the expected households by characteristic.

Project Type: Rapid Re-housing (PH-RRH)

Total Number of Units	Total Number of Beds
16	48

Housing Type:

☐ Clustered apartments ☒ Scattered-site apartments ☐ Single family homes/townhouses

Household Characteristics	Households with at Least 1 Adult & 1 Child (#)	Adult Households without Children (#)	Total (#)
Persons Over 24	16		
Persons age 18-24	0		
Accompanied Children under age of 18	32		
Total	48		

Project Type: Transitional Housing (TH)

Total Number of Units	Total Number of Beds
10	30

Housing Type:

☐ Dormitory ☐ Single Room Occupancy ☐ Clustered apartments ☒ Scattered-site apartments ☐ Single family homes/townhouses

Household Characteristics	Households with at Least 1 Adult & 1 Child (#)	Adult Households without Children (#)	Total (#)
Persons Over 24	10		
Persons age 18-24			
Accompanied Children under age of 18	20		
Total	30		

What is the funding source for these units and beds?

☒ CoC ☐ ESG ☐ Section 8 ☐ HUD VASH ☐ Mixed Funding ☒ Other

If Mixed Funding or Other provide details:

Community Services Block Grant in-kind funding will be applied to this project as match requirement.

Project Type: Supportive Services Only (SSO)

Services Type:

☐ Supportive Services Only – Standalone
☒ Supportive Services Only – Street Outreach

VI. Application Questions for Narrative

The following questions require comprehensive, narrative responses. Please ensure your answers are detailed, align with the checkbox selections made in the application form (Target Populations), and adhere to any stated character limits.

1. Target Population and Rationale (Maximum 400 characters)

Describe the specific target population(s) your project is designed to serve (e.g., chronically homeless individuals, youth, families fleeing domestic violence, veterans, or a combination). Explain the rationale for focusing on this population within the Continuum of Care (CoC) and how their specific barriers (e.g., physical disability, mental health challenges, history of unsheltered homelessness) have informed your project design. Your answer must match the populations selected in the application form.

Douglas County's Homeless Engagement, Assistance and Resource Team (HEART) pairs civilian navigators with post-certified law enforcement officials to provide street outreach, support and resources for individuals experiencing homelessness. HEART is designed to ensure that all individuals and families who are unhoused have equitable access to services and housing interventions regardless of background, circumstances, or service history. This approach ensures that even individuals with the highest vulnerability who are living unsheltered, disconnected from service, or hesitant to engage can quickly be identified and supported.

Transitional Housing (TH) will serve individuals and families currently experiencing homelessness who would benefit from structured, time-limited housing paired with supportive services to create a pathway to permanent housing.

Rapid Re-Housing (RRH) will be dedicated to survivors of domestic violence, reflecting Douglas County's commitment to support those fleeing or attempting to flee dangerous situations. This population faces unique safety challenges this project will help survivors quickly access safe housing while receiving ongoing support.

2. Project Plan: Housing and Supportive Service Delivery (Maximum 750 characters)

Detail your comprehensive project plan for addressing the identified housing and supportive service needs of your target population. Include the following components:

- **Housing Acquisition/Retention Strategy:** How will the project secure and maintain housing units (for TH, PSH, or RRH)?

Douglas County will expand its housing inventory for TH and RRH through strategic partnerships with the Douglas County Housing Partnership (DCHP), Manna Resource Center (MRC), and Catholic Charities. These organizations currently provide five units collectively, three from DCHP and one each from MRC and Catholic Charities, for the County's TH program. Under this proposal, Douglas County will scale these partnerships to increase the number of dedicated units available for program participants.

The DCHP is a multi-jurisdictional housing authority established in 2003 that brings deep expertise in affordable housing development and management. As a HUD-approved Housing Counseling Agency and owner or co-owner of 17 rental developments, DCHP is uniquely positioned to support both acquisition and long-term retention of housing units. Their vast experience in the rental industry and track record for maintaining compliance with HUD standards ensures sustainability and quality in housing operations.

Douglas County will leverage DCHP's development pipeline and property management infrastructure to secure additional units, while MRC and Catholic Charities will continue to provide case management and wraparound services to support housing stability. These efforts will be coordinated through the County's Community Services Department, which has a proven track record of managing federal and state grants, including programs that

mirror RRH components such as rental assistance, housing navigation, and employment support.

To ensure retention, the County will implement a layered support model that includes landlord engagement, housing stabilization services, and ongoing case management. All housing placements and outcomes will be tracked in the Homeless Management Information System (HMIS), with performance benchmarks aligned to HUD's expectations.

- **Service Delivery Model:** Describe the specific supportive services that will be provided (e.g., case management, employment assistance, mental health treatment).

The Douglas County Homeless Initiative (DCHI) has developed a Housing Plus Blueprint (Blueprint) that serves as a comprehensive guide to addressing housing instability in Douglas County. The Blueprint identifies the necessary components of a coordinated continuum of care for those who are unhoused that seek the support of shelter and pathways to stable housing. The DCHI has identified a gap in the continuum for TH and RRH services, and adopts a collaborative, community-based approach to ensure that homelessness is rare, brief, and nonrecurring. This plan encompasses a range of services, including street outreach, emergency shelter, transitional and permanent housing, and supportive housing with integrated services. The Blueprint emphasizes accountability through case management, personal growth via education and employment opportunities, and overall wellbeing by addressing behavioral, mental, physical, and social health needs. By providing a coordinated system of care, the Blueprint aims to prevent homelessness, rapidly rehouse those who become homeless, and support long-term housing stability and self-sufficiency.

Douglas County will establish Memorandums of Understanding (MOUs) with local partners to identify lead agencies to provide case management services to program participants and identify ancillary agencies to provide supportive services such as employment support and mental health services. Currently, Douglas County partners via MOU on various housing programs with agencies such as DCHP, Family Tree, MRC, Arapahoe/Douglas Works! (ADWorks!), AllHealth, the Rock Church, the Douglas County Mental Health Collaborative, Douglas County School District, the VA of Eastern Colorado Healthcare system, Tessa, the Crisis Center, and the Help and Hope Center.

Each participant will receive an individualized service plan developed in collaboration with a case manager. These plans will address housing stability, employment, income growth, and health and wellness goals. Participation in core services such as case management and employment readiness will be required. A supportive services agreement outlining these requirements will be included in the application.

- **Engagement Strategy:** What methods will your project use to actively engage participants, especially those who are often difficult to reach or have a history of non-engagement with services?

HEART partners with Deputies from the Douglas County Sheriff's Office (DCSO) through a co-response model. They proactively engage unsheltered individuals who are living in encampments, on the streets, and in vehicles while offering critical resources and support to address immediate and long-term needs. HEART Navigators connect individuals to a broad range of services, including access to public benefits, employment assistance, food, mental health services, transportation, and other basic necessities. The program also provides housing support through OneHome's Coordinated Entry Assessments, Family Tree's GOALS Emergency Shelter Program, the Douglas County Cares Program, and the Aurora Regional Navigation Campus. When appropriate, HEART may utilize motel vouchers as a temporary intervention while securing stable housing, facilitating family reunification, or connecting individuals to other housing-focused services.

DCSO Deputies assigned to HEART provide a balanced and compassionate response by enforcing local code and trespassing laws while prioritizing engagement and support. When unhoused individuals are camping or loitering on private property, deputies work directly with local businesses to address concerns and ensure

safety. Staff use “no trespassing” letters as an intervention tool, encouraging individuals who may be hesitant to engage to connect with services and seek safer, more appropriate accommodations. DCSO Deputies assigned to HEART provide a balanced and compassionate response by enforcing local code and trespassing laws while prioritizing engagement and support. When unhoused individuals are camping or loitering on private property, deputies work directly with local businesses to address concerns and ensure safety. Staff use “no trespassing” letters as an intervention tool, encouraging individuals who may be hesitant to engage to connect with services and seek safer, more appropriate accommodations. The following methods will be employed to actively engage participants and build trust:

1. Proactive, Relationship-Based Outreach

Trained outreach workers conduct regular visits to encampments, shelters, and known gathering areas. Staff usesStaffuse motivational interviewing and trauma-informed care to build rapport over time, recognizing that trust is often earned gradually. Outreach interactions focus on consistent engagement rather than one-time contact, allowing staff to understand each individual’s unique circumstances, strengths, and barriers.

2. Flexible, Low-Barrier Access Points

Our program offers multiple low-barrier access points, including proactive outreach, phone calls, and referrals from faith-based and nonprofit agencies, hospitals, and law enforcement.

3. Culturally Responsive and Trauma-Informed Practices

All staff are trained in cultural humility and trauma-informed care. This ensures that services are delivered in a way that respects participants’ backgrounds and avoids re-traumatization.

4. Incentives and Immediate Needs Support

Participants are offered incentives such as hygiene kits, food boxes, or transportation services to encourage initial engagement. Immediate needs are addressed first to demonstrate responsiveness and build trust.

5. Warm Handoffs and Coordinated Entry

The County uses the regional coordinated entry system and weekly case conferencing sessions to ensure that participants are not lost between providers. Warm handoffs between outreach, case management, and housing services are standard practice.

6. Continuous Feedback and Adaptation

Participant feedback is regularly collected and evaluated. This input guides service adjustments and ensure that engagement strategies remain responsive and effective.

By using these innovative strategies and emphasizing comprehensive, community-based support, HEART has helped reduce homelessness in the County by 26% by comparing the Winter 2022 Point-in-Time (PIT) Count to the 2025 Winter PIT. In the Winter 2022 PIT Count, 29 individuals were sleeping outdoors, compared to just 6 individuals during the Winter 2025 PIT Count which is a 79% reduction in people sleeping outdoors. This significant decrease reflects the effectiveness of HEART’s proactive, compassionate outreach approach by consistently connecting people to permanent housing, shelter options, and appropriate services.

Since January 2025, HEART has served 313 individuals, representing 229 households. HEART Navigators have delivered more than 2,500 services and resources and issued 507 emergency hotel vouchers to help participants bridge the gap to safer, more stable housing solutions. HEART Clinical and Homeless Navigators have delivered more than 2,500 services and resources and issued 507 emergency hotel vouchers to help participants bridge the gap to safer, more stable housing solutions. Douglas County remains committed to improving the lives of individuals and families experiencing housing instability.

3. Anticipated Project Outcomes (Maximum 300 characters)

Identify your anticipated project outcome(s) and explain how you will measure success. Provide specific, quantifiable goals for the grant term related to the following areas:

- **Housing Placement/Retention:** What percentage of participants will exit to permanent housing (for TH/RRH) or retain permanent housing (for PSH) 67%
- **Income/Employment:** What percentage of participants will increase their earned income or access non-cash benefits? 67%
- **Self-Sufficiency:** How will the project measure improvements in health, education, or other areas of self-sufficiency?

Douglas County uses the Colorado Family Support Assessment (CFSA) 2.0 as the primary tool to measure individual and family progress toward self-sufficiency. The CFSA 2.0 is a validated, strengths-based assessment designed to evaluate family functioning across multiple domains, including income, employment, housing stability, education, health, and social connections.

The CFSA 2.0 is administered by trained family development professionals and is grounded in the nationally recognized Standards of Quality for Family Strengthening and Support. It provides a framework to track changes over time, allowing case managers to tailor services to individual needs and monitor progress in a structured, consistent manner. The tool uses a five-point scale to assess each domain, with clear criteria for improvement, stagnation, or regression.

This assessment is particularly effective because it:

- Encourages participant voice and goal setting while fostering engagement and ownership of progress.
- Supports data-informed decision-making by providing quantifiable metrics across key areas of self-sufficiency.
- Aligns with protective factors that reduce the risk of child abuse and neglect, making it especially relevant for families with complex needs.
- Is supported by the Family Resource Center Association (FRCA), which provides training and coaching to ensure fidelity and quality in its use.

By integrating the CFSA 2.0 into our service delivery model, Douglas County ensures that improvements in health, education, employment, and housing stability are not only tracked but meaningfully supported through individualized case planning and coordinated services, resulting in measurable growth towards self-sufficiency.

4. Coordination with Other Organizations (Maximum 300 characters)

Describe your plan for coordination with other organizations to ensure comprehensive and well-rounded assistance.

Specify how your project will collaborate with and leverage the resources of:

- **Local Agencies:** Nonprofit partners, healthcare providers, local government.
- **Mainstream Resources:** Federal or state programs (e.g., Medicare, Medicaid, SSI, SNAP, TANF).

The HEART maintains strong partnerships with law enforcement agencies across the County to provide a coordinated co-response to community calls and homelessness-related referrals. This collaborative model allows the team to reach more individuals experiencing homelessness, especially those who may not otherwise seek assistance and connect them to vital resources and support.

In April 2025, Douglas County launched the Coordinated Services Matching (CSM) collaboration, a strategic initiative designed to address housing instability by bringing together a variety of local, community-based partners. The CSM was built on the successful joint case management efforts that the County has conducted with its partners through initiatives

such as DC Cares and Pathways to Employment (Pathways). This collaboration meets weekly, leveraging the collective expertise and resources of its members to match needed services and housing solutions to individuals and families experiencing housing instability. CSM partners include local nonprofits, Douglas County Human Services, the Health Department, the Mental Health Collaborative, ADWorks!, Douglas County Housing Partnership, the VA, Douglas County School District, and a local domestic violence services provider. This collaborative approach expedites access to the appropriate resources and benefits while ensuring that households receive timely, housing-focused support. Through this partnership, Douglas County was the first Denver Metro municipality to achieve functional zero for veterans experiencing homelessness.

5. Use of CoC Program Funding and Budget Justification (Maximum 400 characters)

Question: Clearly detail how the requested CoC Program funding will be used to support your project. Describe the primary costs that will be covered by the grant (e.g., rental assistance, operating expenses, supportive service staff salaries, administrative costs). Justify the necessity and reasonableness of these costs in relation to the scope of services and the number of participants the project plans to serve.

Supportive Services Street Outreach: The requested CoC Program funding in the amount of \$1,204,190 will support nine full-time equivalent (FTE) positions in our co-response across Douglas County co-response teams. This team includes clinically licensed mental health professionals, trained street outreach staff, housing navigators and case managers. Alongside our law enforcement partners, this team strategically supports people who are unhoused and have a mental and behavioral health need. Supportive services funding is also incorporated in the funding request to allow staff to provide targeted assistance to individuals experiencing homelessness who are actively participating in services and demonstrating a readiness for housing-focused interventions including comprehensive mental and behavioral health support.

TH: The requested CoC Program funding will support rental assistance, supportive services, and case management for a TH program serving 10 households (approximately 30 individuals). This will allow the County to expand the DC Cares program, an existing transitional housing and employment-based housing initiative established in 2016.

Based on HUD's 2026 Fair Market Rent for Douglas County (\$2,089 for a two-bedroom), each household will require approximately \$20,000 in rental assistance over six–12 months, with participants contributing 30% of their income with a minimum monthly commitment of \$100. Rent will be paid directly to landlords. Supportive services such as employment and education support, childcare, utility assistance, transportation, and car repairs are budgeted at \$5,000 per household. Case management is estimated at \$1,680 per household annually, based on 4 hours/month at \$35/hour. These costs are necessary and reasonable to ensure housing stability and promote self-sufficiency for families with complex needs.

DV Bonus RRH: The requested CoC Program funding will support rental assistance, supportive services, operating costs, and administrative oversight for a Domestic Violence Rapid Re-Housing (DV-RRH) program serving 16 households (approximately 48 individuals) for up to six months. Rental assistance is estimated at \$10,000 per household, over six months, with participants contributing 30% of their income with a minimum monthly commitment of \$100. These numbers are based on HUD's Fair Market Rates for one- to three-bedroom units in Douglas County. This program will also build upon the model and success of the currently operating DC Cares transitional housing program.

Supportive services costs include salaries and fringe for a Housing Coordinator (\$9,000 salary + \$5,940 fringe) and a Housing Advocate (\$8,060 salary + \$5,320 fringe), who will provide housing navigation, safety planning, and resource coordination. Additional funds will support childcare, utilities, food, transportation, moving expenses, and car repairs.

Operating costs include two laptops (\$3,000) and a dedicated housing phone line (\$40/month). Administrative costs are capped at 10% and will support general management, fiscal oversight, and compliance. These costs are necessary and reasonable given the scope of services and the complex needs of DV survivors.

VII. Certification and Submission

By signing below, the Executive Director certifies that all information contained within this proposal is true, complete, and accurate, and that the organization commits to complying with all CoC Program requirements, including the execution of required agreements, submission of data to the CoC's HMIS, and participation in the Coordinated Entry system.

Project applicants must certify affirmatively to the following:

- The project applicant will not engage in racial preferences or other forms of illegal discrimination.
- The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, 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.”

Signature of Executive Director: _____

Printed Name: _____

Date: _____

Thank you for your commitment to ending homelessness in the Metro Denver Continuum of Care. Proposals must be submitted electronically as a single PDF document to nofa@mdhi.org no later than 5pm on December 12, 2025. Late or incomplete submissions will not be considered.

VIII. Project Readiness

Transitional Housing (TH)

The following narrative questions require applicants to fully justify their project's eligibility for the points available in the Transitional Housing scoring section. Only complete this section if you are applying for a TH project type. **Responses must not exceed the stated character limits.**

Critical Threshold Requirement: New TH projects must receive at least 7 out of 10 available HUD threshold points ([reference p55 of HUD NOFO](#)). Proposals that score below 7 points will be automatically rejected and will not move forward in the review process.

TH.1. Supportive Services Strategy (Maximum 800 characters) -

Demonstrate your comprehensive strategy for ensuring participants receive the supportive services necessary to obtain and maintain permanent housing. Specify the core services your project will directly provide (e.g., in-house case management, life skills training) and detail the formal partnerships (agency names, type of service) you have established with external organizations to deliver specialized or supplementary services (e.g., job placement, mental health care).

Douglas County employs a coordinated, multi-agency strategy to ensure participants receive the supportive services essential for housing stability and long-term self-sufficiency. Core services provided through the proposed program will largely mirror the County's current DC Cares program and will include case management, housing navigation, employment support, mental and behavior health services, and individualized service planning. These services are grounded in trauma-informed, person-centered practices and are tracked through HMIS to ensure accountability and measurable outcomes.

To deliver specialized and supplementary services, Douglas County has established formal partnership MOUs with a robust network of community-based organizations:

- DCHP provides affordable housing access and housing navigation.
- Family Tree, the Crisis Center and TESSA offer domestic violence advocacy, emergency shelter, and trauma recovery services.
- MRC delivers family coaching, mental health therapy, and employment readiness programs.
- Catholic Charities provides housing stabilization support, financial assistance, and case management services for vulnerable families and individuals.
- ADWorks! supports job placement, career coaching, and workforce development.
- AllHealth Network and the Douglas County Mental Health Collaborative provide behavioral health care, including mental health and substance use treatment and resource navigation.
- The Douglas County Care Compact will provide mental and behavioral health focused case management and resource navigation.
- The Rock Church, Help and Hope Center, and Catholic Charities contribute food, clothing, transportation, and emergency financial assistance.
- Douglas County School District supports educational continuity for children in participating households.
- VA Eastern Colorado Health Care System ensures access to veteran-specific medical and housing services.

These partnerships are activated through weekly CSM meetings and Douglas County Cares, where agency representatives collaborate to align services with participant needs. This integrated approach ensures that each household receives a tailored package of support that addresses barriers to housing, employment, health, and family stability.

TH.2. Prior Successful Project Experience (Maximum 500 characters)

Describe your organization's prior experience operating transitional housing or other homelessness projects. Provide specific evidence (project names, dates, and outcomes) demonstrating your organization has a track record of

successfully helping homeless individuals and families exit homelessness within a 24-month timeframe.

Douglas County's Community Services Department has a long-standing reputation for successfully managing federal, state, and local grants to address homelessness and housing instability. In 2024, the department's team of eight professionals administered a diverse portfolio of programs, including rental assistance, transitional housing, supportive housing, hotel voucher initiatives, transportation services, and in-home support for older adults. This experience demonstrates the department's ability to manage complex funding streams and deliver results that meet both community needs and program goals.

The County has extensive experience providing similar services through the Housing Stability Program (HSP), Pathways to Employment, and DC Cares. These initiatives incorporate core elements of RRH, such as rental assistance, case management, housing navigation, and employment support. The HSP for example, offers comprehensive services to prevent homelessness, including housing assistance, career advancement, financial coaching, domestic violence support, and connection to mental health services.

Housing Stability Program: In 2024, HSP helped seven families avoid homelessness, with five households improving employment status, one gaining reliable transportation, and three enhancing financial stability. These outcomes are tracked in the HMIS, and the program consistently achieves at least 90-day housing stability for participants.

Pathways: During the Covid-19 pandemic, the Pathways program utilized federal funds to offer rent assistance and case management through community-based partners. This initiative supported 1,200 households facing eviction and at risk of homelessness. To ensure housing stability, additional case management services were provided to unemployed residents, resulting in an 86% success rate in supporting employment outcomes.

DC Cares Program: Operating since 2016, DC Cares serves 15-25 households annually. It provides case management, rent assistance, employment support, and transitional housing for up to one year for those experiencing housing instability. Since 2020, this program has successfully helped 57% of participants achieve a score of stable or better on 80% of the CFSA domains, denoting a great improvement in self-sufficiency and employment. In 2024, the proportion of households scoring "unstable" in four or more CFSA categories dropped from 76% at entry to 43% at exit, evidencing measurable improvement in self-sufficiency and housing stability. The TH program proposed will expand upon the success of the DC Cares program which already meets the requirements of this NOFO.

TH.3. Demonstrated Exit Outcomes (Permanent Housing & Income) (Maximum 700 characters)

Detail your project's history or plan for achieving required exit outcomes. Provide data (or a robust plan if new) showing how the project ensures at least 50% of participants exit to permanent housing within 24 months and at least 50% of participants exit with employment income. Explain how your data system (HMIS or other) tracks and verifies these specific income and housing outcomes.

Over the last year, DC Cares and HSP have served a combined 17 households. Of those households, only one exited with no income reported, resulting in a 94% success rate in participants exiting with employment income. At entry the average household FPL was 77.09% and at exit the average FPL was 120.27, demonstrating a 56% increase.

Each of these programs are designed using a local Theory of Transformation framework, which emphasizes trauma-informed care, self-sufficiency, and minimizing the trauma of homelessness. Douglas County partners with mainstream service providers, workforce development centers, and behavioral health organizations to leverage resources and maximize impact, in alignment with HUD's priorities for coordination and engagement. Program participants are required to engage in supportive services, and the department maintains formal agreements with service providers to ensure comprehensive support.

Douglas County's Community Services Department tracks and reports system performance measures, including reductions in homelessness, increased employment income, and successful permanent housing placements. The department utilizes

HMIS for data collection and analysis, ensuring compliance with HUD's data standards and enabling continuous quality improvement. The department is prepared to rapidly grow our TH and Street Outreach programs, and to carry out RRH programs. We will use our experience with similar projects and established protocols for financial management, community partnerships, and compliance monitoring.

TH.4. Leveraging Supplemental Resources (Maximum 400 characters)

Provide a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Describe the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.

Douglas County will supplement CoC Program funding with a combination of non-CoC resources, in-kind contributions, and access to mainstream benefits to maximize impact and ensure long-term housing stability for participants.

The County will contribute in-kind support through Community Services Block Grant (CSBG) funds, which will help cover rental assistance, supportive services, and case management. County staff will administer the program without requesting CoC administrative reimbursement, demonstrating a strong local investment in the project's success. Case managers will work closely with the Douglas County Human Services Department to assist participants in accessing and enrolling in critical mainstream benefits such as Medicaid, Medicare, SNAP, and SSI. Staff are trained in eligibility screening and application support and will coordinate with benefit navigators to ensure timely enrollment and retention.

Additionally, key program partners will provide in-kind services. ADWorks! will offer employment support, while DCHP will provide housing navigation and counseling. These contributions reduce the financial burden on CoC funds while expanding the scope of services available to participants.

This layered funding and service strategy ensures that participants receive comprehensive, coordinated support while leveraging local and federal resources efficiently.

TH.5. Mandatory Service Participation Requirement (Maximum 500 characters)

Confirm your project's compliance regarding mandatory service participation. Describe the specific mandatory supportive services (e.g., case management, employment search) in line with 24 CFR 578.75(h) that all participants are required to take part in. Additionally, confirm that a copy of the required supportive service agreement (contract, occupancy agreement, lease, or equivalent) detailing these mandatory requirements will be attached to this application.

Case Management Requirements

Enrolled households will be required to meet with their assigned program case manager at least twice a month for the duration of the program.

The following assessments shall be completed by each enrolled household:

- Family assessment at start and end of program (i.e. CSFA 2.0 or similar)
- Employment assessment

Each household will be asked to engage with financial health tools to assist in the development of a budget and identify financial health goals.

Case Management Plan

Each enrolled household will be required to develop a Case Management Career Plan (Plan) to identify goals and outcomes to be tracked during participation in the program. At a minimum the Plan should identify goals for the following domains:

- Employment;

- Housing; and
- Financial health

Specific goals related to income expectation should be considered when developing the Plan, especially for self-employed or gig workers. Completion and notable accomplishments of action steps may be considered when determining eligibility for future or additional arrearage payments.

The Plan should also identify the workforce or career advancement path being followed. In general, participants enrolled for more than 90 days should move from workforce to career advancement activities when possible.

TH.6. Customized Service Intensity Justification (Maximum 700 characters)

Describe the project design, staffing model, and scheduling that will allow for the delivery of 40 hours per week of customized supportive services for each eligible participant. Clarify what activities count toward this 40-hour requirement (e.g., job training, scheduled treatment, educational classes, and case management).

Workforce Development Requirements

The intended goal of the program is to assist all enrolled households to obtain employment that satisfies their monthly financial obligations. The program will measure this by families whose income increases above 80% Area Median Income (AMI).

Therefore, all adults in the household, over the age of 18, are expected to gain employment and to engage regularly in a workforce development or a career advancement program. Dependent members of the household enrolled in high school are excluded from this requirement. The Plan may identify which members of the household are to be engaged in workforce or career advancement activities.

Each member of the household, identified in the Plan as participating in workforce development or career advancement activities, will be required to complete the following:

- Enrollment in Connecting Colorado
- Completion of an employment assessment
- If not employed full-time, participants must engage in a combination of 40 hours per week of part-time work and supportive services. These services include qualified workforce or career advancement activities identified in the Plan, as well as case management meetings, personal finance training, and mental health or substance treatment support.
- Workforce activities include:
 - Enrollment in Connecting Colorado
 - Employment assessment
 - Attendance at ADWorks! Jumpstart event
 - Attendance at job fair or hiring event
 - Attendance at an employment or skill-based workshop
 - Attendance at GED prep session
 - Completion of a single section of GED test
 - Attend sponsored employment networking opportunities
 - Meeting with workforce case manager or advisor
 - Meeting with ACC advisor or navigator
 - Attendance at Generations boot camp
 - Attend an educational, career, or apprenticeship open house or informational session
 - Information session for apprenticeship cohort
 - Submit application for admission to a secondary education, certification, or apprenticeship program
 - Other activities may be considered for approval by County staff
- Career Advancement activities include:
 - Digital literacy program

- Work-based learning boot camp
- Professional certification program
- Qualified apprenticeship
- Two-year degree program
- Completion of applications for employment
- Other activities may be considered for approval by County Staff

TH.7. Cost Reasonableness Per Household (Maximum 300 characters)

Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.

Based on HUD's 2026 Fair Market Rent for Douglas County (\$2,089 for a two-bedroom), each household will require approximately \$20,000 in rental assistance over six–12 months, with participants contributing 30% of their income with a minimum monthly commitment of \$100. Rent will be paid directly to landlords. Supportive services including employment and education support, childcare, utility assistance, transportation, and car repairs are budgeted at \$5,000 per household. Case management is estimated at \$1,680 per household annually, based on four hours/month at \$35/hour. The total cost for these services per household is \$28,013.50 for 12 months of support leading to self-sufficiency. These costs are necessary and reasonable to ensure housing stability and promote self-sufficiency for families with complex needs

Supportive Services Only (SSO) Street Outreach

The following narrative questions require applicants to fully justify their project's eligibility for the points available in the SSO Street Outreach scoring section. Only complete this section if you are applying for a SSO Street Outreach project.

Responses must not exceed the stated character limits.

Critical Threshold Requirement: New SSO – Street Outreach projects must receive at least 5 out of 6 available HUD threshold points ([reference p58 of HUD NOFO](#)). Proposals that score below 5 points will be automatically rejected and will not move forward in the review process.

SSO-O.1. Leveraging Supplemental Resources (Maximum 500 Characters)

Detail how the Street Outreach project will be supplemented by resources from other public or private sources (e.g., non-CoC funding, in-kind supplies, mainstream programs). Explain the process your outreach workers use to connect unsheltered participants to critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP) to maximize the long-term impact of service engagement.

Douglas County will provide in-kind match requirements through general fund contributions budgeted for three Douglas County Sheriff's Office Deputies assigned to HEART. HEARTs co-response teams use a hands-on, barrier-reducing approach to connect unsheltered individuals to mainstream benefits while conducting street outreach. Navigators complete individualized assessments, help with applications for Medicaid, SNAP, SSI/SSDI, and VA benefits, and assist with gathering documentation or obtaining identification. HEART Navigators ensure participants can access and maintain critical benefits that support long-term stability and housing success.

SSO-O.2. Strategy for Unsheltered and Non-Engagers (Maximum 800 Characters)

Detail your project's specific, targeted strategy for providing supportive services to individuals with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

HEART Navigators and Deputies conduct regular street outreach in high-frequented areas, parks and trails, wooded areas, transit stations, and other locations where unsheltered residents reside. This persistent presence helps build trust with individuals who may have had negative experiences with systems or who are hesitant to enter traditional service environments. The team prioritizes rapport-building, motivational interviewing, and participant-driven goal setting to encourage voluntary engagement.

HEART offers immediate, on-site problem-solving and resource navigation to overcome barriers and promote connections to services that include assistance with obtaining identification, accessing medical and behavioral health services, enrolling in benefits, and connecting to shelter. HEART utilizes weekly case conferencing sessions with behavioral health providers, medical professionals, veteran service agencies, victim services organizations, shelter staff, and local nonprofits for individuals with complex needs to ensure warm handoffs and a seamless continuum of care.

Many individuals with chronic unsheltered homelessness require flexible, long-term support, and HEART maintains that ongoing follow-up, and adjusts service plans as needs change. The team also leverages community partnerships with law enforcement municipalities throughout the County, faith-based organizations, and nonprofit resources to fill gaps and provide assistance that strengthens engagement.

HEART Navigators effectively connect individuals who are disconnected from traditional systems to supportive services through compassionate, person-centered strategies that are necessary for housing stability and improved well-being.

SSO-O.3. Partnership with First Responders (Maximum 600 Characters)

Demonstrate your organization's established history and operational protocol for partnering with first responders (including police, fire, and emergency medical services) to effectively and safely engage people living outside. Describe the nature of these partnerships, how they facilitate access to unsheltered individuals, and confirm that your project will cooperate with, assist, and not impede with law enforcement to enforce local laws such as public camping and public drug laws.

Douglas County's HEART was launched in 2022 and paired civilian Clinical and Homeless Navigators with post-certified law enforcement officials to proactively assist all individuals experiencing homelessness in the community. These co-response teams bring together a diverse blend of specialized staff with expertise in mental and behavioral health and homeless response that provide supportive services using the framework of the Four Cs – Compassion, Code Enforcement, Communication, and Community Services.

This co-response model ensures that public safety is prioritized in each interaction. Law enforcement staff present has the ability to ensure compliance with all applicable laws. Clinical and professional staff assess immediate mental and behavioral health needs, offer essential items such as connections to mental health and substance use providers for ongoing support, food, water, hygiene supplies, and discuss the individual's goals and barriers. This co-response approach creates a foundation for accountability, consistent engagement, and the comprehensive support needed to achieve housing stability, while also addressing the critical role of mental health and substance use recovery in long-term success.

Camping restrictions are in place within the County, and municipalities have ordinances that support safe and healthy public spaces. When encampments or safety concerns arise, HEART engages early to provide outreach, offer resources, share information about expectations, and help individuals make transitions to safer environments. This coordinated response emphasizes safety for both the community and the individuals engaged, ensuring that enforcement actions are accompanied by supportive service opportunities.

The DCSO deputies assigned to HEART work with local businesses to enforce trespassing laws when unhoused individuals are camping or loitering on private property. These efforts have contributed to measurable progress toward

performance goals, including expanded outreach to unsheltered populations, more accurate local data collection, and enhanced coordination of outreach activities that promote accountability and support transitions to permanent housing.

SSO-O.4. Outreach Experience and Effectiveness (Maximum 600 Characters)

Describe your organization's prior experience in providing outreach services consistent with 24 CFR 578.53(e)(13). Demonstrate the project's effectiveness by providing data or examples of successful outcomes related to helping unsheltered individuals exit places not meant for human habitation and transition into safe housing or shelter options.

Douglas County's 2022 Winter PIT Count identified 78 individuals who were homeless, 28 people being sheltered and 50 who were unsheltered. Among those who were unsheltered, 29 individuals were sleeping outside and 21 were residing in their vehicles.

Since Douglas County's launch of HEART program in the summer of 2022, HEART, in partnership with local law enforcement, has implemented targeted responses, enhanced data collection practices, and strengthened connections to local and regional providers for housing stability and mental and behavioral health services. As reflected in the Winter 2025 PIT Count, these efforts have contributed to measurable reductions in the number of people experiencing homelessness. The 2025 PIT identified 58 individuals experiencing homelessness which is a decrease of 26% compared to 2022. Survey data indicates that 30 individuals were sheltered and 28 were unsheltered, including 22 sleeping in vehicles, and six sleeping outdoors. This reflects a 26% reduction in unsheltered homelessness and a 79% reduction in the number of people sleeping outside compared to the Winter 2022 PIT Count.

HEART Clinical Navigators and Deputies ensure unhoused individuals with mental or behavioral health needs receive timely assessments, referrals, and follow-up that bridge gaps between outreach, treatment, and housing services. This support enables the team to address both immediate crisis and long-term barriers to stability while ensuring services are tailored to each person's unique needs. Weekly case conference and information-sharing through MOUs with mental and behavioral health partners, county human services, faith-based and nonprofit agencies, workforce centers, and local and regional partners ensure participants are connected to all eligible resources. HEART Clinical and Homeless Navigators maintain strong communication with community partners that include hospitals, mental health providers and local service agencies to coordinate care transitions to reduce service duplication and align interventions across systems.

SSO-O.5. Cost-Effective Service Delivery (Maximum 400 Characters)

Justify how the street outreach services provided are cost-effective, consistent with 2 CFR 200.404. Provide the estimated average annual cost per participant served and explain how this cost is reasonable relative to the intensity of engagement required for the unsheltered population and how it is maximized through the use of leveraged resources.

The HEARTs co-response model provides cost-effective street outreach by pairing Clinical and Homeless Navigators with DCSO Deputies to deliver safety-informed and trauma-responsive mental and behavioral health services to individuals experiencing unsheltered homelessness. This partnership reduces duplication of services, streamlines engagement, and allows the team to respond effectively to complex behavioral health, mental health, medical, and safety needs in the field.

HEART highlights client accountability and works collaboratively with participants to set goals, track progress, and actively engage in the steps needed to achieve housing stability and self-reliance. Emergency hotel vouchers have been strategically used to support individuals with 507 total bed nights since January 2025, providing short-term stability while clients pursue long-term housing solutions. For FY2025, HEART estimates assisting approximately 150 households with their Emergency Hotel Voucher Program. The cost per household averages \$300 annually through the use of State grant funds for emergency hotel vouchers that are set to expire at the end of 2026. HEART Clinical and Homeless Navigators also coordinate access to mental health and substance use treatment, employment services, and other critical supports, ensuring participants take an active role in their own stabilization.

This cost is reasonable and appropriate given the high level of engagement required to reach and stabilize the unsheltered population, who often need multiple field contacts, crisis intervention, mental and behavioral health support, transportation, documentation assistance, and extensive coordination with service providers.

HEART Clinical and Homeless Navigators effectively leverage a wide network of community partnerships that include nonprofit and faith-based organizations, who extend critical support without increasing program costs. The Navigators routinely seek financial assistance for participants through these partnerships to cover basic needs, additional temporary lodging, transportation, minor vehicle repairs, and other stabilization resources. This collaboration ensures that federal funding is used strategically for staffing Clinical and Homeless Navigators, Housing Resource Specialists, and Case Managers to provide housing and mental health-focused services, while community-based partners provide flexible, participant-directed assistance.

Permanent Housing: Rapid Rehousing (PH-RRH)

The following narrative questions require applicants to fully justify their project's eligibility for the points available in the PH - RRH scoring section. Only complete this section if you are applying for a PH - RRH project. **Responses must not exceed the stated character limits.**

Critical Threshold Requirement: New RRH projects must receive at least 6 out of 8 available HUD threshold points ([reference p62 of HUD NOFO](#)). Proposals that score below 6 points will be automatically rejected and will not move forward in the review process.

RRH.1. Rental Assistance Determination and Duration (Maximum 500 Characters)

Describe the process for determining the level and duration of Tenant-Based Rental Assistance provided to participants. Explain how the assistance is tailored to the individual/household's barriers, income, and local housing costs, and how the project ensures that assistance is flexible but designed to rapidly transition the household to full self-sufficiency and independent payment within 24 months or less.

According to HUD, Fair Market Rate in the area is \$1,754 for a one-bedroom unit, \$2,089 for a two-bedroom unit, and \$2,734 for a three-bedroom unit. Assuming the program will be serving a variety of household sizes with various needs, it is estimated that each household will require approximately \$10,000 in rent assistance for up to six-months to stabilize the family. The duration of the program will be determined by the participants ability to increase their household income and find stable, long-term housing.

The County will work with our local domestic violence service providers to determine a fair approach to tailor the contribution required of program participants. This will likely result in one of two approaches; participants will have the full FMR rate covered for the first month of occupancy and pay 10% more each consecutive month (e.g. 10% month two, 20% month three, etc.), or participants contribute 30% of their income towards rent with a minimum of \$100/monthly contribution. Rental payments will be paid directly to the landlord/vendor, not the client.

RRH.2. Supportive Services for Stabilization and Self-Sufficiency (Maximum 600 Characters)

Detail the comprehensive supportive services offered (e.g., housing search, job training, budgeting, mediation) that are critical for helping participants rapidly stabilize in housing and achieve long-term financial self-sufficiency.

Tessa, a key partner and DV Service provided to Dougals County, currently operates a RRH program with COCN funds in Colorado Springs. Tessa will be a key partners in this DV Bonus project if awarded and the services provided through their current program will be established in Douglas County. Core services provided through the proposed program will include case management, housing navigation, employment support, and individualized service planning. These services are grounded in trauma-informed, person-centered practices. Additionally, the Crisis Center has been a long-standing partner in the DC Cares program that supports housing outcomes through time-limited housing and supportive services.

To deliver specialized and supplementary services, Douglas County will help our DV service providers establish formal partnerships through MOUs with a robust network of community-based organizations:

- DCHP provides affordable housing access and housing navigation.
- Family Tree, the Crisis Center and TESSA offer domestic violence advocacy, emergency shelter, and trauma recovery services.
- MRC delivers family coaching, mental health therapy, and employment readiness programs.
- Catholic Charities provides housing stabilization support, financial assistance, and case management services for vulnerable families and individuals.
- ADWorks! supports job placement, career coaching, and workforce development.
- AllHealth Network and the Douglas County Mental Health Collaborative provide behavioral health care, including mental health and substance use treatment and resource navigation.
- The Douglas County Care Compact will provide mental and behavioral health focused case management and resource navigation.
- The Rock Church, Help and Hope Center, and Catholic Charities contribute food, clothing, transportation, and emergency financial assistance.
- Douglas County School District supports educational continuity for children in participating households.
- VA Eastern Colorado Health Care System ensures access to veteran-specific medical and housing services.

These partnerships are activated through weekly coordinated service matching meetings, where agency representatives collaborate to align services with participant needs. This integrated approach ensures that each household receives a tailored package of support that addresses barriers to housing, employment, health, and family stability.

RRH.3. Project Experience and Success in Rapid Rehousing (Maximum 600 Characters)

Provide evidence of your organization's prior experience operating RRH projects or similar short-term rental assistance programs. Demonstrate the project's success by providing data or outcomes showing improvement in employment income.

Douglas County's Community Services Department (department) has a long-standing reputation for successfully managing federal, state, and local grants to address homelessness and housing instability. In 2024, the department's team of eight professionals administered a diverse portfolio of programs, including rental assistance, transitional housing, supportive housing, hotel voucher initiatives, transportation services, and in-home support for older adults. This experience demonstrates the department's ability to manage complex funding streams and deliver results that meet both community needs and program goals.

The department has extensive experience providing similar services through the HSP, Pathways to Employment, and DC Cares. These initiatives incorporate core elements of Rapid Re-Housing, such as rental assistance, case management, housing navigation, and employment support. The HSP, for example, offers comprehensive services to prevent homelessness, including housing assistance, career advancement, financial coaching, domestic violence support, and connection to mental health services.

HSP: In 2024, HSP helped seven families avoid homelessness, with five households improving employment status, one gaining reliable transportation, and three enhancing financial stability. These outcomes are tracked in the HMIS, and the program consistently achieves at least 90-day housing stability for participants.

Pathways: During the Covid-19 pandemic, the Pathways program utilized federal funds to offer rent assistance and case management through community-based partners. This initiative supported 1,200 households facing eviction and at risk of homelessness. To ensure housing stability, additional case management services were provided to unemployed residents, resulting in an 86% success rate in supporting employment outcomes.

DC Cares Program: Operating since 2016, DC Cares serves 15-25 households annually. It provides case management, rent assistance, and transitional housing for up to one year for those experiencing housing instability. Since 2020, this program has successfully helped 57% of participants achieve a score of stable or better on 80% of the CFSA domains, denoting a great improvement is self-sufficiency. In 2024, the proportion of households scoring “unstable” in four or more CFSA categories dropped from 76% at entry to 43% at exit, evidencing measurable improvement in self-sufficiency and housing stability.

Over the last year, DC Cares and HSP have served a combined 33 households, 5 of which entered the program with no income. Of those households, only one exited with no income reported, resulting in a 97% success rate in participants exiting with employment income. At entry the average household FPL was 72.4% and at exit the average FPL was 110.1, demonstrating a 52% increase.

All of these programs are designed using a local Theory of Transformation framework, which emphasizes trauma-informed care, self-sufficiency, and minimizing the trauma of homelessness. Douglas County partners with mainstream service providers, workforce development centers, and behavioral health organizations to leverage resources and maximize impact, in alignment with HUD’s priorities for coordination and engagement. Program participants are required to engage in supportive services, and the department maintains formal agreements with service providers to ensure comprehensive support.

Douglas County’s Community Services Department tracks and reports system performance measures, including reductions in homelessness, increased employment income, and successful permanent housing placements. The department utilizes HMIS for data collection and analysis, ensuring compliance with HUD’s data standards and enabling continuous quality improvement. The department is prepared to rapidly grow our TH and Street Outreach programs, and to carry out RRH Programs. We will use our experience with similar projects and established protocols for financial management, community partnerships, and compliance monitoring.

In summary, Douglas County’s demonstrated experience in managing federal funds, delivering housing and supportive services, and achieving measurable outcomes positions the department to effectively implement the proposed activities under the FY2025 CoC Program.

RRH.4. Mandatory Supportive Services Agreement (Maximum 400 Characters)

Confirm your project's compliance regarding mandatory service participation. Describe the supportive services (e.g. case management, life skills, substance use treatment) in line with 24 CFR 578.75(h) that participants are required to participate in as a condition of tenancy (if any). Confirm that a copy of the required supportive service agreement (lease rider, occupancy agreement, or equivalent) detailing these requirements will be attached.

Case Management Requirements

Enrolled households will be required to meet with their assigned program case manager at least twice a month for the duration of the program.

The following assessments shall be completed by each enrolled household:

- Family assessment at start and end of program (i.e. CSFA 2.0 or similar)
- Employment assessment

Each household will be asked to engage with financial health tools to assist in the development of a budget and identify financial health goals. A variety of other supportive services such as employment support, substance treatment, and mental health support will be available.

Workforce Development Requirements

The intended goal of program is to assist all enrolled households to obtain employment that satisfies their monthly financial obligations. The program will measure this by families whose income increase above 80% AMI.

Therefore, all adults in the household, over the age of 18, are expected to gain employment and to engage regularly in a workforce development or a career advancement program. Dependent members of the household enrolled in High School are excluded from this requirement. The Plan may identify which members of the household are to be engaged in workforce or career advancement activities.

RRH.5. Reasonable Cost Per Household (Maximum 500 Characters)

Provide the anticipated average annual cost per household served for the project. Justify that this cost is reasonable and consistent with 2 CFR 200.404 by comparing it to local market rates, the intensity of services provided, and the specific needs of the population targeted.

The requested CoC Program funding will support rental assistance, supportive services, operating costs, and administrative oversight for a DV-RRH program serving 16 households (approximately 48 individuals) for up to six-months. Rental assistance is estimated at \$10,000 per household, over six months, with participants contributing 30% of their income with a minimum monthly commitment of \$100. These numbers are based on HUD's Fair Market Rates for one- to three-bedroom units in Douglas County.

Supportive services costs include salaries and fringe for a Housing Coordinator (\$9,000 salary + \$5,940 fringe) and a Housing Advocate (\$8,060 salary + \$5,320 fringe), who will provide housing navigation, safety planning, and resource coordination. Additional funds will support childcare, utilities, food, transportation, moving expenses, and car repairs.

Operating costs include two laptops (\$3,000) and a dedicated housing phone line (\$40/month). Administrative costs are capped at 10% and will support general management, fiscal oversight, and compliance. These costs are necessary and reasonable given the scope of services and the complex needs of DV survivors. The projected cost per household is \$22,375.75.

RRH.6. Leveraging Supplemental Resources (Maximum 500 Characters)

Provide a detailed list of non-CoC funding, in-kind contributions, and mainstream programs that will supplement the services offered by this project. Describe the process and staffing resources dedicated to helping participants successfully access and enroll in critical mainstream benefits (e.g., Medicare, Medicaid, SSI, SNAP), thereby leveraging and maximizing the impact of the requested CoC funds.

Local DV service providers will leverage VOCA funds for rental assistance and staffing of case managers to help navigate and provide supportive services. Additionally, County staff will administer the program without requesting CoC administrative reimbursement, demonstrating a strong local investment in the project's success.

Case managers will work closely with the Douglas County Human Services Department to assist participants in accessing and enrolling in critical mainstream benefits such as Medicaid, Medicare, SNAP, and SSI. Staff are trained in eligibility screening and application support and will coordinate with benefit navigators to ensure timely enrollment and retention.

Additionally, key program partners will provide in-kind services. AD Works! will offer employment support, while the

DCHP will provide housing navigation as needed. These contributions reduce the financial burden on CoC funds while expanding the scope of services available to participants.

This layered funding and service strategy ensures that participants receive comprehensive, coordinated support while leveraging local and federal resources efficiently.

IX. Summary Budget

Please complete the funding request for the total term of the project on the dedicated budget form below. The dollar amounts referenced in the narrative must match the final amounts in the budget form.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$477,796
4. Supportive Services	\$0	1 Year	\$1,204,190
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$0
10. Admin (Up to 10% of Sub-total in #9)			\$0
11. HUD funded Sub-total + Admin. Requested			\$0
12. Cash Match			\$0
13. In-Kind Match			\$561,748
14. Total Match			\$0
15. Total Project Budget for this grant, including Match			\$2,243,734