

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: TN-504 - Nashville-Davidson County CoC

1A-2. Collaborative Applicant Name: Office of Homeless Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Office of Homeless Services

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	2
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	5
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	5

17.	State Government Staff/Official(s)	Yes	3
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	5
24.	Other nonprofit homeless assistance provider(s)	Yes	7
25.	Other social service provider(s)	Yes	7
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	2
32.	Substance Abuse Service Organization(s)	Yes	2
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	2
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	3
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	3
44.	Other Homeless Assistance Provider(s)	Yes	
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Philanthropic Organization	Yes	1
47.	Housing / Real Estate	Yes	2

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

All meetings of the CoC – including monthly CoC committee meetings, bimonthly CoC general membership meetings, and monthly CoC Board meetings – are open to the public and posted on the CoC website on nashville.gov at least a week in advance of each meeting. Physical copies of the CoC membership form are shared at any of these meetings. The CoC website also includes the link to the CoC membership form and describes the benefits of membership and description of how to gain voting privileges. It also allows members of the public to sign up for email alerts of every CoC meeting and to join the CoC list serv. The Office of Homeless Services (OHS) maintains the CoC list serv, which includes about 1,200 subscribers. Every list serv email (sent approximately weekly) contains links to the CoC membership form, the CoC website, the listing of CoC meeting postings, and the Collaborative Applicant's website.

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

Nashville's CoC has fourteen committees that address various aspects of homelessness and draw a large and diverse group of members. These members include staff from local and state government, nonprofits, philanthropic organizations, the local PHA, developers, researchers, law enforcement, mental health and substance use service providers, health care providers, members of the public, and people with lived experience of homelessness. Every meeting of the CoC general membership, the CoC board, and each CoC committee is posted publicly on nashville.gov and is open to the public. At every meeting there is the opportunity for any member of the public to make a public comment about any topic on the agenda. Office of Homeless Services (OHS) also maintains an email list of nearly 1,200 people and regularly shares information about trainings, funding opportunities, and events with links to the CoC website, CoC membership form, and OHS's contact information.

Additionally, OHS both hosts and attends meetings in the community to gather feedback about the CoC's homelessness response. In June 2026, OHS hosted Nashville's Second Annual State of Homelessness Symposium, which featured both local and national leaders. Every speaker had time at their end of their presentation in which they took questions and feedback from attendees. Similarly, OHS regularly attends events held by community organizations and/or elected officials to hear community opinions on the strategies and priorities of the local homelessness response system.

At CoC general membership meetings – which are posted on the OHS website and open to the public – every attendee is encouraged to enter suggestions anonymously into online polls. These polls not only drive the discussion of the membership meeting, but they also offer a specific avenue to share feedback and opinions about the CoC's performance and strategies to the CoC Board; the information gathered in this poll is shared at the next meeting of the CoC Board as a standing agenda item.

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

(limit 2,500 characters)

The CoC did extensive outreach to potential applicants for this year's local competition. Office of Homeless Services (OHS) facilitated a community meeting about the NOFO and led trainings for both new and renewal applicants for funding. Recordings of these meetings and all of the information needed to apply for funding were sent out to a list serv of about 1,200 people and were posted publicly on nashville.gov. Additionally, updates on the local competition were shared regularly with the CoC Board, the Metro Council, and in numerous CoC committee meetings.

The local application was hosted through an online portal which was free for all applicants to use. Applications for funding were submitted electronically. An addendum consisting of answers to all submitted questions was shared publicly during the local competition period. The CoC Performance Evaluation Committee (PEC) held weekly meetings through June and July that were posted publicly on the CoC website at least a week in advance of the meetings. These meetings were open to the public and all offered the opportunity for any member of the public to make a public comment on the proceedings. Projects were scored in these meetings based upon the criteria published in the FY 2026 NOFO. After projects were scored and ranked, they were given the opportunity to appeal; the ranking was ultimately approved by the CoC Board.

During the FY 2026 local competition, the CoC received far more project applications from far more agencies than ever before in the history of the CoC. The CoC received applications from ten agencies that have not previously received CoC Program funding; five of those agencies are either faith-based or faith-affiliated. Of those ten projects, four were chosen to be ranked on the Priority Listing, including three that are faith-based or faith-affiliated.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Over the past 4 years, we have increased coverage & improved data quality by incorporating the large shelter, expanding street outreach & increasing CE access points. Nashville's 2026 PIT Count increased by 5%; HIC data confirms shelters' average utilization is 75%. This year ends a 3-year community strategy & the Affordable Housing Division published a community strategy. All local strategies include partners, PWLE, stakeholders, CoC committees, local gov. & CoC board. Unified Housing Strategy data shows unhoused population averages 45% of people experiencing chronic homelessness. UHS also identified a deficit of 900 PSH units. Nash. completed a study on interim housing options, a gap analysis of our needs & refreshed our Outdoor Housing strategy for unsheltered. To address the diverse needs of our unhoused population, we identified multiple strategic paths for subpopulations. Outdoor Housing surges for unsheltered & chronically homeless. Last year 1793 individuals were housed & 184 individuals were housed from encampments with a 15% recidivism rate. Families: local government secured funding for flexible solutions to house families using low-barrier housing options. Veterans: Community Solutions coordination, the CoC Veterans Committee, and service providers will host their first housing surge for veterans in Oct. 2026. Unaccompanied youth received local funding, housing options & secured FYI vouchers.

Performance Measures

SPM & HMIS calculate targets: (1) Reduced average length of time individuals remain homeless from 5 to 2.4 yrs, a reduction of 50%; (2) Achieved a 13% increase in employment & income. (3) Despite local housing pressure, returns to homelessness are below the national average at 15%.

Tracking:

Quarterly: Review CoC community strategy & Shelter Data.

Annually: Local Outdoor Housing Strategy.

Monthly: Review HMIS, CE, BNL, street outreach & subpopulation housing. We leverage local dollars in a braided funding model.

FY 2025 HUD CoC funds, ESG, CDBG, local line items & philanthropic investments sustain the work.

ARPA funds ended 6/30/26. Local gov. and non-profits manage affordable housing, PSH, flexible funding & local interim housing funding.

Accountability Structure: Division between operational & governing efforts, the CoC Board and 14 committees review & guide the work of the CoC. The CA holds administrative responsibility for creating our local strategies and will provide dashboards.

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

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

1C. Coordination and Engagement

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

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	44%

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

(limit 2,500 characters)

Not applicable

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

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

(limit 2,500 characters)

Our CoC partners with a range of providers to deliver outpatient mental health and substance use treatment across multiple levels of care. Individuals entering substance use disorder services receive ASAM-based assessments to match them to the appropriate level of support, including Intensive Outpatient Program (IOP), outpatient therapy, or referral for medical detoxification. Park Center offers co-occurring IOP and outpatient therapy and coordinates closely with community Medication Assisted Treatment (MAT) providers so that individuals can receive therapy while accessing MAT elsewhere. Suicide prevention is incorporated into routine practice through staff training in Mental Health First Aid and use of the Columbia Suicide Severity Rating Scale, supported by a 24/7 on-call system. Treatment and recovery services are provided across multiple campuses: the East Campus includes a 70-bed detox, stabilization, and residential treatment unit, while the West Campus supports over 100 women in transitional housing who participate in outpatient services, Partial Hospitalization, IOP, peer-led groups, conflict resolution, and recovery supports for up to two years. All levels of care are licensed by the State of Tennessee and accredited by CARF. In addition, the CoC's broader network includes street-level medical and psychiatric care, outpatient and IOP treatment through Mental Health Cooperative and Park Center, 24/7 mobile crisis response and crisis stabilization, and residential treatment accessible through on-site pickup at the Rodeway. Guests move up or down this continuum as their clinical needs change, maintaining continuity through the Hub's coordination.

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

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

(limit 2,500 characters)

Our CoC partners with multiple providers to ensure broad access to peer support and recovery navigation across housing, treatment, and outreach programs. In Permanent Supportive Housing, each participant is paired with a PSH Coordinator and a Peer Recovery Specialist who work together to develop individualized service plans addressing mental health, substance use, physical health, employment, and housing stability, with contact frequency adjusted according to acuity. Several projects rely on peer-led support as a central component of care. The Contributor's COVER Dedicated PLUS program is staffed by a Director of Program Operations who is both a Certified Peer Recovery Specialist and a state-approved CPRS Supervisor, leading a team of six Certified Peer Recovery Specialists who provide recovery guidance, system navigation, benefits assistance, and encouragement grounded in lived experience. Mending Hearts uses peer recovery as the foundation of its model, with most staff members drawing from their own recovery backgrounds, including graduates of the program, to support women in transitional housing and outpatient services. The Salvation Army's TH2 program includes two Certified Peer Recovery Specialists, one serving as a CPRS Supervisor, who deliver recovery navigation and peer support within a trauma-informed, person-centered service structure. Across the CoC, peer recovery specialists assist with appointment coordination, transportation, benefits enrollment, engagement in treatment, and ongoing support during early and long-term recovery, ensuring that individuals maintain connection and continuity throughout their housing and treatment pathways.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

Our CoC identifies and connects individuals experiencing Serious Mental Illness (SMI) to intensive, community-based services through coordinated outreach, clinical assessment, and structured care pathways. Mental Health Cooperative (MHC) uses a Pathways of Care model to match each person to services aligned with their clinical needs and level of functioning, prioritizing those with high behavioral health complexity, frequent hospitalizations, recurrent crisis use, homelessness, or barriers to engagement. When appropriate, individuals are referred to specialized programs such as Assertive Community Treatment (ACT)-informed teams, Continuous Treatment Teams, Program of Assertive Community Treatment, Intensive Case Coordination, and other multidisciplinary models that include assertive outreach, psychiatric care, nursing, therapy, supported employment, housing support, and crisis intervention. Park Center offers an internal continuum that allows participants to move from street-level outreach directly into intensive services including 24/7 Supported Housing for individuals stepping down from or at risk of psychiatric hospitalization, and an Intensive Case Management model within its 180-unit Permanent Supportive Housing portfolio. This model pairs a Coordinator and Peer Recovery Specialist to provide assertive outreach and care coordination, with contact up to three times weekly, producing sustained housing stability. The Hub's engagement strategy supports recognition of SMI through repeated contact with unsheltered individuals; staff can distinguish crisis from chronic need and connect people to appropriate care without escalating trauma. Through this coordinated system, individuals with SMI access comprehensive, community-delivered treatment and care management designed to increase stability, reduce hospitalizations, and maintain housing.

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

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

(limit 500 characters)

Our CoC has direct partnerships with specialty courts to support people with mental health and substance use disorders. Park Center's IOP program works with Davidson County Mental Health Court, Residential Drug Court, and Recovery Court, coordinating attendance and compliance. Mending Hearts serves participants referred from multiple Nashville recovery courts. Office of Homeless Services (OHS) provides space and staff for Shelter Court, a diversion program for people experiencing homelessness.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

Our CoC coordinates closely with specialty courts and treatment providers to ensure that court-ordered services directly support housing stability and progress toward independence. Case managers integrate court-ordered treatment plans into each participant's housing and service agreement, using these legal requirements as structured accountability tools that reinforce the connection between compliance, recovery, and maintaining housing. For youth in Oasis programs, court mandates are aligned with housing goals so that completing treatment is clearly linked to keeping their unit and moving toward independent living. For adults exiting inpatient civil commitment, the Hub provides a safe, immediate landing point that prevents discharge to the street. Guests are received directly from inpatient care into the Rodeway, where treatment, case management, and housing navigation begin at once. This approach reflects the principles of Critical Time Intervention, offering intensive, time-limited support during the transition from hospitalization to community living so individuals step down into stable housing rather than returning to crisis. Across the CoC, housing teams, IOP providers, and PSH programs coordinate with courts to verify attendance, support adherence to treatment, and help participants meet legal expectations while building readiness for long-term housing stability and independence.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Our CoC partners with the local crisis system through direct coordination with Mental Health Cooperative, the region's designated crisis provider operating 988 response, mobile crisis, walk-in psychiatric evaluation, and crisis stabilization services. Oasis also collaborates with MHC, offering safety planning, crisis stabilization, and referrals through its 24/7 Crisis Center and Crisis Line.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	26

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

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

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

(limit 500 characters)

Our CoC maintains formal partnerships with two Community Mental Health Centers, Mental Health Cooperative and Centerstone, for psychiatric care and medication management with weekly coordination. The Village at Glenclyff also holds an MOU with United Neighborhood Health, a Federally Qualified Health Center providing integrated behavioral health services to its residents.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

Our CoC includes sober housing operated by Park Center and The Village at Glenclyff, both consistent with 24 CFR 578.93(b)(5). Residents sign occupancy agreements that prohibit substance use, complete baseline and random screenings, and receive supportive interventions rather than automatic discharge. This maintains a sober setting while supporting continued housing stability.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC coordinates warm hand offs across all treatment and recovery partners to prevent returns to homelessness and support stable housing placements. Street outreach teams engage adults in encampments and public spaces, often during city coordinated closures, and move them directly into the Hub's transitional hotel where each guest is immediately assigned a case manager. Within the hotel, guests receive on site connections to treatment providers, benefits enrollment, income supports, and housing navigation. Housing navigation includes unit identification, landlord engagement, and preparation of complete lease up documents. When a guest is ready to exit, the Hub hands them off to stable housing options through Coordinated Entry including Housing Choice Voucher placements, permanent supportive housing, rapid rehousing, private market units secured through landlord relationships, or supportive housing partners.

Youth served through Oasis receive warm hand offs through the Manager of Housing Partnerships who maintains relationships with more than one hundred housing providers. These partnerships support mediation, assisted leasing, and direct introductions between youth tenants and landlords, creating smooth transitions into housing and reducing barriers to placement.

MDHA provides additional prevention by reviewing tenants in Shelter Plus Care, VASH, EHV and Mainstream vouchers who are at risk of losing housing. The Homeless Coordinator collaborates with referral agencies and Office of Homeless Services landlord engagement staff to ensure tenants complete recertification and maintain their units.

Park Center strengthens warm hand offs by arranging in person introductions between the referring provider, the participant, and the assigned Coordinator and Peer Recovery Specialist. Documentation and eligibility items including identification and verification of homelessness are completed before move in so that administrative issues do not delay placement. Through these combined practices, the CoC ensures each participant moves from crisis, treatment, or court ordered care directly into stable housing with ongoing support and without a return to homelessness.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$11,306,576
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$6,366,536
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	56%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$2,826,644
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	81%

1C-3.	Participation Requirements for Supportive Services.	
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.	
	What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	63.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

ESG funds are administered by the local PHA – a longstanding member of the CoC. PHA staff regularly attend meetings of the general membership and the CoC Board and are members of several CoC committees. Leadership of Office of Homeless Services (OHS), the Collaborative Applicant, has a standing meeting with leadership of the PHA every other week; line staff from both agencies communicate at least weekly, if not daily.

OHS staff are traditionally on the scoring panel for ESG applicants and work with the team to determine which local ESG projects will be awarded. OHS also contributes annually to the PHA Consolidated Plan.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Nearly all shelter providers in Nashville are active members of the CoC. Staff from three local shelter providers are members of the CoC Board. Three staff members of local shelters chair CoC committees. Nashville's largest shelter provider, the Rescue Mission, hosts the CoC general membership meetings and serves as the base of operations for the annual PIT Count.

Office of Homeless Services (OHS), provides on-site Coordinated Entry (CE) staff several days of the week at local shelters, including the Rescue Mission and Room in the Inn, to conduct CE assessments of shelter residents and enter them into the CE program in HMIS. If those clients are eligible for CoC-funded projects, CE referrals will be made. Both Room in the Inn and Safe Haven Family Shelter refer clients directly from their own shelter programs into their CoC-funded Permanent Housing projects.

OHS runs the Metro Emergency Cold Weather Shelter during the winter months on nights in which the temperature is below freezing. Since a majority of OHS staff are trained to perform CE assessments and/or have access to HMIS, this facilitates referrals to CoC-funded projects.

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

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

(limit 2,500 characters)

The CoC works with its Collaborative applicant (OHS) and HMIS Lead to submit HUD mandated reports including the Longitudinal Systems Analysis (LSA), System Performance Measures (SPMs), HIC and PIT Counts. To comply with HUD privacy and security standards, client confidentiality and our HMIS Policies and Procedures, our statewide and local partners receive aggregate data and not client identifying information. When each report is completed, OHS shares a press release with the community, including state and local officials, Metro Council, members of the media, the CoC, and any other member of the public. These press releases are accompanied by infographics and explainers to ensure that the data is presented in its full context.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The Nashville – Davidson County Continuum of Care improves care by integrating the HMIS with external health care partners. This process targets the intersection of housing instability and healthcare delivery to address social determinants of health. Our CoC strategy relies on cross sector collaboration with housing providers, hospital networks like Vanderbilt University Medical Center and Nashville General Hospital. When these multi sector teams meet they supplement the HMIS by contributing to the community's By-Name list.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

Park Center, The Village at Glenclyff (TVG), Safe Haven Family Shelter (SHFS), and the Office of Homeless Services share a coordinated, person-centered approach to workforce development. Park Center and the Office of Homeless Services both use the evidence-based Individual Placement and Support (IPS) Supported Employment model in partnership with the Tennessee Department of Mental Health and Substance Abuse Services and Vocational Rehabilitation (VR). Employment Specialists collaborate with VR counselors to create individualized employment plans, support job development and placement, and help participants maintain long-term employment. Park Center also connects individuals to GED programs, adult education, and post-secondary opportunities through partners such as Nashville State Community College, Lincoln Tech, and Tennessee Reconnect.

TVG focuses on building workforce readiness through partnerships with Goodwill, SNAP E&T, the American Job Center, and Ticket Work. Its Digital Skills, Education, and Workforce Initiative (Tech Goes Home) provides essential digital literacy training, enabling residents to navigate online job searches, communicate via email, and use computers safely. These skills support employment connections with local employers including Avis, Kroger, Senior Helpers, and Volvo of Nashville.

SHFS integrates employment support into case management through a dedicated Workforce Development Coordinator and partnerships with the American Job Center, the Urban League, Viable, Tennessee Reconnect, and Workforce Essentials. SHFS offers financial assistance for short-term workforce certifications and collaborates with VR to build individualized employment plans that include vocational training, work-based learning, and job placement.

Collectively, these organizations reduce barriers to employment by combining education, vocational training, job placement, digital literacy, and ongoing support. Their coordinated efforts strengthen participants' ability to achieve meaningful employment, financial stability, and greater independence.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Office of Homeless Services (OHS) street outreach team maintains ongoing collaboration with law enforcement, first responders, Metro Parks, mental health co-response teams, and emergency services to strengthen engagement with individuals experiencing homelessness and connect them with appropriate housing and supportive services.

Biweekly coordination calls with all MNPd precincts are held to identify locations where outreach is needed, discuss emerging concerns, and determine how partners can work collaboratively to support housing and service engagement. Outreach staff and law enforcement also coordinate on-site at encampments and other locations where individuals experiencing homelessness are known to reside. In many cases, officers are already familiar with these locations and individuals and have established rapport that can help outreach staff initiate or strengthen engagement.

Law enforcement partners also coordinate with outreach and mental health co-response teams when individuals are experiencing a mental health crisis. When safety concerns arise, officers can assist with de-escalation and support a trauma-informed approach rather than relying solely on punitive measures. OHS also partners with the Metro Parks Department when encampments or individuals experiencing homelessness are located within park areas.

Law enforcement assists outreach efforts by helping connect individuals to available community resources and, when appropriate, providing transportation to local rescue missions, transitional housing programs, detox centers, and other service providers. Officers may also assist individuals in obtaining documentation needed to pursue housing opportunities.

Throughout the year, law enforcement partners participate in outreach-related trainings to increase awareness of homelessness, strengthen collaboration, and identify additional opportunities to support housing efforts. OHS also partners with the Office of Emergency Services to coordinate assistance for individuals experiencing homelessness during extreme weather events.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

Office of Homeless Services (OHS) outreach team supports family reunification through coordinated partnerships with community organizations that provide transportation, shelter, case management, family stabilization, and housing-related assistance.

Through a collaboration with Downtown Partnership, individuals who have a safe and stable family or support-network placement available in another geographic area may receive assistance with transportation. Prior to arranging travel, the receiving placement is verified to ensure that the individual has a stable location to return. Once verified, transportation may be provided through Greyhound or other available travel assistance.

OHS partners with Safe Haven Family Shelter who provides a shelter-to-housing model designed to keep families together while supporting their transition toward long-term self-sufficiency. Catholic Charities assists with family reunification petitions and helps families navigate citizenship-related needs that may affect reunification and stability.

OHS also partners with Metro Social Services and MDHA who provide additional family stabilization, support, and housing-related resources. Metro Social Services offers intensive case management and family-centered casework, including budgeting assistance and short-term, solution-focused counseling designed to strengthen family stability.

MDHA's Family Unification Program provides rental assistance targeted to families who face, or have experienced, the removal of children from the home primarily because of inadequate housing. When appropriate, MDHA may also assist with porting housing vouchers to another geographic location, helping individuals or families maintain housing assistance as part of the reunification process.

Together, these partnerships allow outreach staff to assess each household's circumstances and connect individuals and families with the transportation, housing, case management, and stabilization resources appropriate to their reunification needs.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.	
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

OHS is an office within local government. Both OHS and MNPd are nestled in the Mayor's Office. We coordinate bi-monthly calls, and our Outreach team collaborate with MNPd weekly in all 4 quadrants of Nashville Davidson County. Downtown Precinct has a Quality-of-Life team dedicated to street level homelessness and a unique arm within the MNPd Headquarters that identifies Officer Embry and his Sgt. as dedicated officers countywide to assist our Outreach team with local needs. OHS and MNPd coordinate visits to encampments, local community HUB requests, and other locations as needed. As a member of the CoC, MNPd attends training, and general membership meetings, and faithfully participates in our Annual PIT Count.

Oasis Center has a letter of support from MNPd, in which the police department commits to, "continue to work in collaboration with Oasis - sharing location information with outreach workers, referring youth to Oasis' services, and assisting in public outreach and awareness." Oasis explicitly cooperates with local public safety efforts. Their staff do not interfere with law enforcement when officers are helping individuals who are violating public camping or drug use laws to access necessary community services.

In the relatively uncommon circumstances when an individual's psychiatric or substance use condition presents a level of acuity that cannot be safely managed in the community, Mending Hearts works collaboratively with the courts and clinical partners to facilitate a higher level of care. When clinically and legally appropriate, this may include the use of Tennessee's civil commitment process to ensure that individuals experiencing severe behavioral health crises receive necessary inpatient stabilization before returning to community-based treatment.

In strict adherence to federal and local program requirements, no CoC funded project operates drug injection sites or safe consumption spaces, nor do they distribute drug paraphernalia under any pretext.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC has an Outdoor Homelessness Strategy that works to identify and successfully close encampments within the CoC's geographic region. This strategy includes the work of a prioritization team who identify encampments and assess which are at the highest need of closure. In this assessment process, the team takes into consideration safety of the camp (drug use and paraphernalia visible and present, open flames, use of propane tanks), how the encampment could be affected by severe weather (flooding and other storms), average age of individuals in the encampment, and the size of the encampment. The camp identified by the team as the highest risk is chosen as the next camp enclosure that will be undertaken by the city. After identification, OHS posts notices to the encampment and continues to conduct daily outreach alongside service providers to prepare residents for closure. Housing opportunities are identified, individuals are assisted in the moving process, given bins to pack belongings and offered additional resources like treatment and recovery services, medical and mental health treatment and case management. After the camp is closed and all residents have either been moved into housing or been offered additional resources the city/state/property owner is then liable for fencing off and clearing the encampment, as well as patrolling the area to ensure a new encampment does not arise. Nashville has closed multiple encampments including the cities largest historical encampment within the last year, where over a hundred individuals were moved out into transitional housing, addiction treatment or permanent housing. Outreach organizations such as the OHS Street Outreach Team work with NDOT, TDOT and MNPD to ensure resources are offered to individuals when a camp is being closed outside of the Outdoor Homelessness Strategy as deployed by the CoC. When an encampment is on private property, outreach and MNPD work closely with the property owner. Outreach workers will work with individuals to give housing resources before TDOT and NDOT begin enforcement efforts.

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

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

(limit 2,500 characters)

Outreach agencies within the CoC work closely with one another to stay aware of the ever-changing flow of encampments in the CoC's geographic region. By holding biweekly outreach meetings with outreach organizations, the CoC lead is able to keep up with and identify encampments of concern, and hotspots as they evolve into larger encampments. The recent trend in the CoC geographic area is trending away from larger encampments, leaving only a few, to smaller encampments of ten or less individuals and short-term hot spots that are quickly identified and visited by the designated outreach worker for that area. Across Davidson County outreach workers have identified an estimate of 5-10 large encampments that have more than ten individuals living within them. The higher number comes from small encampments of less than ten, and hotspots that are home to less than ten individuals sometimes even one to five. Outreach organizations do continual and consistent outreach within encampments to track size and fluctuation of encampments.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The city of Nashville and Davidson County does not allow for illicit drug use in public spaces and will prosecute individuals partaking in the use of illicit drugs in public spaces. Metro Nashville Police Department Overdose Prevention unit regularly partners with members of the CoC to conduct outreach and prevention services to individuals struggling with substance abuse. Connection to recovery resources is a key piece of the outreach work conducted by CoC outreach agencies. Metro Nashville Police Outreach prevention officers, and staff attend outreach events with the homeless population, and work with outreach agencies to offer harm reduction services such as Narcan, to work to prevent overdose in these communities. Organizations like STARs, Meharry Medical College and Street Worx also offer harm reduction services to the homeless population and offer additional information regarding treatment services when requested by clients. Outreach workers work to connect individuals in need of substance abuse services to treatment facilities, this often times means on the spot referrals to these locations and working with the individual and the treatment center to ensure the individual will have somewhere to go upon completion. The city of Nashville and organizations within and outside of the CoC continue to strengthen work utilizing opioid abatement funding through the state of Tennessee to continue to grow the list of resources for individuals in need of treatment in the geographical area. Outreach organizations within the CoC will continue to strengthen relationships with addiction recovery and overdose prevention resources to unhoused individuals we serve. As well as continue to strengthen relationships with MNPd to offer prevention education and enforcement.

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

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

(limit 2,500 characters)

Drug overdoses are a leading cause of death in Tennessee. In 2023, the CDC determined that Tennessee had the 4th highest rate of overdose deaths. Per data from a member of MNPd's Overdose Unit in 2025 in Davidson County there were 428 deaths that could be attributed to overdoses, 5000 overdoses that were deemed non fatal, 1146 ED visits and 3869 EMS calls regarding overdoses. In 2025 alone, across the last nine months, they have seen 276 overdose fatalities, 2829 EMS calls and 1194 ED visits. Outreach workers find that drug use and addiction are some of the toughest barriers faced by individuals experiencing homelessness. Sobriety is often a barrier for individuals in accessing services, due to repercussions of admitting to the use of illicit drugs. While Nashville enforces local laws prohibiting illicit drug use in public, substance use remains high in encampments.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

To assist in addressing homeless individuals that are deemed a danger to themselves or others the CoC closely aligns with Metro Nashville's mobile crisis and REACH units: Metro police officers and paramedics partnered with mental health professionals from The Mental Health Co-Op. When called the mental health professional will conduct an assessment with the individual and if they are considered a danger to themselves or others, proper next steps will be taken, including hospitalization or arrest if charges are required to be made against the individual. These teams do not only respond to emergency calls but frequently conduct outreach with CoC funded outreach organizations such as the Office of Homeless Services Street Outreach team. This ensures that individuals who might be a danger to themselves or others are able to access support and resources before a situation might escalate. The CoC will continue to engage in this partnership and strengthen ties to the work done by the city of Nashville to mitigate the harm that can be caused to self or to others by individuals in the served client base of the CoC. CoC outreach agencies also work closely with state funded agencies such as DCS and APS to conduct wellness checks on families and the elderly who may be facing abuse and neglect by either their own hand or the hands of a loved one. MNPd and the DA's Office have a specialized Vulnerable Adult Protective Investigation Team, which focuses on the needs of vulnerable adults. Tennessee has robust involuntary commitment laws for those deemed a harm to self or others. In July 2024, a new law went into effect that requires treatment facilities to notify the courts before discharging someone who was involuntarily committed and requires courts to hold review hearings to decide whether discharge is appropriate for those involuntarily committed.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The DOJ has found that the state of TN has "substantially implemented SORNA." TN has substantial housing and employment restrictions for people on the Sex Offender Registry (SOR). Violent offenders are required to stay on the SOR for their entire lifetime and must report quarterly to officials. Nashville complies with all of these laws and policies.

There are limited resources within the Davidson County CoC to assist individuals who are on the SOR, but as a community we work together to ensure these individuals are still able to receive services available to them. There are a multitude of barriers for individuals facing homelessness who are on the SOR, including limited eligibility for shelters and transitional housing projects, as much of Nashville is in the "red zone" - spaces in which people on the SOR are not allowed to live. In the winter months, the Office of Homeless Services offers a low barrier extreme weather shelter that is open to individuals on the SO. While at this shelter they can connect with outreach workers to refer them to resources and housing options and placements that they are eligible for. Individuals on the SOR are eligible for a select number of voucher programs, which comprise the largest resource in our community for individuals on the registry.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The Nashville CoC operates under a collaborative precision outreach strategy, which engages organizations that offer a variety of resources to assist individuals experiencing homelessness. The CoC works to create a strong partnership among outreach agencies to ensure individuals across the city can connect with necessary housing resources and able to make the steps to obtain safe, sustainable and permanent housing. Nashville has implemented an Outdoor Homelessness Strategy to address large encampments; this has led to the closure of several encampments over the last few years, with every resident offered transitional housing, permanent housing, treatment, or other resources. The CoC also holds monthly meetings centered around Shelter, Weather, Outreach and Prevention work to discuss common themes noticed amongst the outreach organizations in the CoC and work to prevent duplication of services rendered, as well as identify gaps in coverage. The office of homeless services, as well as partner agencies, also come together to conduct regular resource fairs across the geographic area to ensure access to necessary resources such as substance abuse treatment, workforce development, mental and physical health treatment. Outreach organizations within the CoC partner with medical street outreach teams to connect individuals to care such as the Vanderbilt Street Medicine team and the Neighborhood Health Street Outreach team. These teams offer wound care, prescription connection and management and follow up on clients who have been discharged from their services by meeting them on the street. The Office of Homeless Services Street Outreach team utilizes HUB Nashville, where community members are able to send in tips and concerns regarding the unhoused in the community as well as conducting regular outreach with Metro Nashville Police Department to identify hotspots and locations in need of outreach services. The CoC also works closely with state agencies such as the Department of Children's Services and Adult Protective Services to ensure resource connection and safety for families and older adults experiencing homelessness in Nashville.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

The CoC carries out this responsibility through the established procedures and community partnerships of Metro Nashville Public Schools' (MNPS) Homeless Education Resource Office (HERO). HERO identifies eligible students and families, provides multilingual information explaining program eligibility, educational rights, available supports, and how to request assistance, and connects eligible households with appropriate educational services.

HERO maintains collaborative agreements with local CoC agencies, including family shelters, domestic violence shelters, housing providers, and other community organizations. These partners provide information to families identified outside the school system to help connect them quickly. The HERO Director also coordinates regularly with MDHA regarding the housing status of families and outreach to staff and residents at affordable-housing developments.

HERO trains community partners and frontline staff to recognize potential eligibility, explain enrollment procedures, and make appropriate connections. This includes Coordinated Entry phone-line staff, who regularly provide callers with HERO information and connect families to the program. MDHA staff also received training during the Fall 2025 Nashville Coalition for the Homeless meeting on HERO eligibility, enrollment, and referral procedures.

Additional CoC partnerships expand access to education beyond the school system. Mary Parrish Center partners with Martha O'Bryan Center to connect children, youth, and adults with school-based resources, GED and adult education, postsecondary opportunities, and other appropriate educational programs. Through multilingual outreach materials, community training, and collaborative agreements, families experiencing homelessness can receive consistent information and timely connections to educational services, transportation assistance, and supports promoting school stability.

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

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

(limit 2,500 characters)

The CoC coordinates with the Tennessee Department of Children's Services (DCS), Juvenile Court, the Metro Nashville Police Department (MNPd), first responders, and youth-serving partners to identify system-involved youth who are experiencing or at risk of homelessness. OHS Outreach and Coordinated Entry phone-line staff maintain direct communication with MNPd and DCS whenever a case requires intervention, facilitating timely information-sharing, safety planning, and service coordination.

Youth experiencing or approaching homelessness may be connected to the youth Coordinated Entry process and youth-focused providers for assessment, diversion, housing navigation, supportive services, and referral to available housing resources. Oasis Center, the community's Youth Homelessness Demonstration Program grantee and primary youth-homelessness provider, works directly with public-system partners to identify youth in crisis, assess immediate safety and housing needs, and provide warm handoffs to stable housing, treatment, and supportive services. Available resources include YHDP Rapid Rehousing and Supportive Services Only diversion services.

When coordinating with DCS or Juvenile Court, Oasis staff incorporate the Child and Adolescent Needs and Strengths (CANS) assessment to align court requirements, identified needs, and individualized program goals. The CoC's objective is to begin coordination before discharge whenever possible, develop an individualized housing plan, connect the young person with education, employment, benefits, healthcare, and other supportive services, and prevent discharge to the street, emergency shelter, or another homeless setting.

The CoC also maintains a Youth Action Board through which young people with lived experience inform youth-system planning and help strengthen the community's response to youth homelessness.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

The CoC coordinates with Oasis Center, Nashville's primary RHY-funded provider, through youth CE, outreach, referrals, housing programs, and system planning. Oasis operates street outreach and a drop-in center for youth and young adults ages 13–24 and their dependent children, providing basic needs, crisis planning, case management, transportation, and connections to housing, healthcare, education, and employment. Its emergency shelter serves youth ages 13–17 and provides counseling and family stabilization services. Oasis also helps young adults access Coordinated Entry and operates youth Rapid Rehousing.

Nashville Launch Pad, a complementary youth-serving partner, provides “street-free shelter” and temporary housing options for young adults ages 18–26. Its Independent-Supported Living Program provides accommodations while participants pursue employment, education, and permanent-housing goals.

The CoC and youth-serving partners coordinate through youth-focused referrals, outreach, housing navigation, and connections to CE and available housing resources. Oasis also supports youth-system planning and collaborates with community partners, including MNPd. In a letter of support, MNPd recognized Oasis as a critical partner for more than 18 years in improving the safety, permanency, well-being, and self-sufficiency of runaway and homeless youth.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Safe Haven Family Shelter operates a RRH project that exclusively serves families with minor children, providing built-in supportive services to increase families' incomes needed to pay rent and sustain housing. The Salvation Army operates a TH project that exclusively serves families. The Mary Parrish Center is a Victim Services Provider which provides TH to both individuals and families. Oasis center serves young adults, including those with children.

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

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

(limit 2,500 characters)

Our local FY 25 CoC SPMs confirmed an increase in participants in CoC funded projects increasing their income to better support themselves and their families. The State of Tennessee offers an Individual Supportive Employment program (IPS) that is designated to assist people with securing gainful employment. Local CoC participating agencies like Safe Haven Family Shelter (SHFS) and The Salvation Army (TSA) have designed other creative opportunities to increase income in a post-pandemic era.

SHFS intends to add a dedicated workforce development coordinator to support case managers and expand partnerships with the American Job Center, the Urban League, and Viable and other workforce development organizations to connect parents to employment and job training. SHFS helps participants cover the cost of short-term certification programs, such as phlebotomy, that lead directly to higher-wage employment, and connects adults to education pathways including Tennessee Reconnect for higher education and Workforce Essentials for high school equivalency. For parents receiving disability income who are ready to work, SHFS connects households to the Tennessee Department of Human Services Vocational Rehabilitation (VR) program, which pairs each participant with a team of VR professionals to build an Individualized Plan for Employment and access training, work-based learning, and job placement supports tailored to their abilities. Additionally, they will offer HISET and GED classes on site at the Family Opportunity Hub.

To improve household income and increase families' ability to sustain housing, participants at TSA receive employment-focused services including career planning, job readiness training, résumé development, interview preparation, financial literacy education, and employment placement assistance. Through partnerships with Goodwill Career Solutions, Tennessee Department of Human Services, American Job Centers, UT Extension, and other workforce development organizations, families are connected to vocational training, workforce development opportunities, industry-recognized certifications, and registered apprenticeship programs that promote long-term career advancement and increased earned income.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Local CoC agencies connect with the Department of Human Services (DHS), directly or indirectly, to help families secure the services, resources, and funding they qualify for based on their current family situation. Case managers handle referrals, follow-ups, and contacts virtually or by phone. DHS collaborates with community partners by sending representatives to resource fairs and local day shelters to assist with registration and access to mainstream resources such as Temporary Assistance for Needy Families, SNAP Food Stamps, TennCare, and other resources. Our local community leverages TennCare, Medicaid, and Childcare vouchers to increase support and resource access for families in need.

Mary Parrish Center advocates also assist families in accessing mainstream benefits and public assistance programs for which they are eligible. This includes screening for eligibility, completing applications, gathering documentation, and coordinating referrals to programs such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), TennCare, Women, Infants, and Children (WIC), childcare assistance, and other federal, state, and local resources. By connecting families to these benefits, advocates help stabilize household finances while survivors work toward long-term economic independence.

Safe Haven Family Shelter leverages mainstream family service systems to increase household resources. Case managers connect families to TANF, SNAP, and child care assistance, and to SSI and SSDI through Park Center's SOAR program. These mainstream benefits increase the income families have available to pay rent and meet their children's needs, and reduce families' reliance on program funds over time.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Local CoC agencies utilize parental support as an identified resource when securing housing to stabilize the family. Agencies consider the entire household income when identifying safe, affordable housing using the Federal Fair Market Rent. These agencies include, but are not limited to, the Safe Haven Family Shelter (SHFS), the Salvation Army (TSA), Oasis Center, and the Mary Parrish Center (MPC).

SHFS combines housing assistance with the childcare, parenting, healthcare, and education supports that families with children need to stabilize. SHFS covers the cost of childcare – which can be a huge barrier to employment - for participants, provided alongside developmental programming including our Early Learners Program and coordinated education and enrichment activities. SHFS works with 20 licensed childcare and early learning centers. The Family Opportunity Hub strengthens these supports by bringing them into one location. It will include a licensed micro daycare for children aged 0 to 3, addressing a critical gap in early childcare and allowing parents to pursue employment, education, and training. The Hub also brings parenting support, childhood development programming, and connection to child healthcare and education into a single accessible setting, so that families can meet their children's needs while progressing toward economic stability.

Oasis Center Case Managers help pregnant and parenting youth access prenatal care, pregnancy-related healthcare, child healthcare, baby supplies, parenting education, family counseling or mediation, and safe housing options. They have partnerships with TN Voices, Sunny Side Up Youth Pregnancy Services, Mother to Mother, and Ella's House. Staff help pregnant youth obtain insurance and connect them with prenatal care through Neighborhood Health and Project Access Nashville at Lentz Public Health Center.

The MPC provides specialized clinical services that strengthen families. Their Moms' Empowerment Program (MEP) and Kids' Club (KC) are evidence-based interventions designed to support healing following interpersonal violence, strengthen the parent-child relationship, and build protective factors that promote healthy family functioning. Families are also connected to childcare resources, prenatal and pediatric healthcare, educational supports, and other community-based services.

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

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

(limit 500 characters)

The VA is an active member of the CoC; a VA supervisor is on the CoC Board. The Co-Chair of the CoC Veterans Committee is a VA staff member. Office of Homeless Services (OHS) has a Veterans System Lead who works closely with the VA, SSVF programs, and Operation Stand Down TN. Room in the Inn (RITI) works closely with the VA to provide housing to veterans through RITI's on-site Grant Per Diem program.

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

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

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

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

(limit 500 characters)

Mary Parrish Center, a victim service provider and an CoC funded agency, operates the DV Coordinated Entry System for survivors of interpersonal violence.

Safe Haven Family Shelter participates in the High-Risk Intervention Panel, a collaborative effort that includes the District Attorney, MNPd, the Office of Family Safety, and DCS.

Park Center coordinates with partners including the YWCA, Sexual Assault Center, and anti-trafficking agencies Ancora and Magdalene.

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

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

(limit 500 characters)

The CoC partners with Park Center, whose Homeless Outreach and case management teams connect people leaving prisons jails, or court-ordered programs with reentry-focused housing and supports through Dismas House, Project Return, and Tennessee Prison Outreach Ministry. These programs help prevent homelessness for this population during the high-risk period immediately following release.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The Villages at Glenclyff: a certified medical respite care program purpose-built for individuals experiencing homelessness with high medical needs. They provide housing for individuals in need of post-acute care, medication management, transportation to specialty appointments, and intensive case management for those too ill to recover on the streets but not sick enough to remain hospitalized. Neighborhood Health is another resource that provides urgent medical care to our unhoused population.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Park Center works with the Greater Nashville Regional Council (GNRC), FiftyForward, AgeWell, and Senior Ride Nashville to connect older clients to services. Their newly constructed housing units are all nearly or fully ADA-accessible. They arrange for in-home clinical support for clients. Village at Glenclyff is a CoC-member medical respite agency; about a third of their residents are elderly. Metro Social Services works with the GNRC to deliver meals to the elderly.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The Contributor PSH prioritizes individuals experiencing chronic homelessness and living with disabling conditions through scattered-site leasing assistance and individualized housing supports. Park Center's PSH Program also prioritizes individuals experiencing chronic homelessness and provides permanent housing with ongoing case management, behavioral health support, and care coordination.

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

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

(limit 2,500 characters)

Park Center's PSH Program provides intensive, community-based behavioral healthcare through regular on-site staff visits, direct in-house services, telehealth when appropriate, and coordinated partnerships with community providers. Staff are available on call 24/7, and therapy is included among program services.

Members receive ongoing, individualized case management that includes psychoeducation, medication support, behavioral health monitoring, crisis-response planning, and coordination with psychiatric and primary care providers. Members may also access Park Center's therapy, Intensive Outpatient Programming (IOP) and Psychosocial Rehabilitation (PSR), as appropriate.

Care coordinators regularly assess behavioral health needs, respond to changes in symptoms or functioning, and connect members to the appropriate level of care. Coordinators may accompany members to appointments to help communicate symptoms, advocate for their needs, understand treatment recommendations, and maintain continuity of care. When specialized services are not available directly through Park Center, staff coordinate referrals and follow-up through community partners such as Insight Counseling. This integrated approach supports treatment engagement, recovery, housing stability, and prevention of avoidable hospitalization, incarceration, or renewed homelessness.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Park Center's PSH Program provides intensive, community-based services designed to prevent eviction, hospitalization, incarceration, and renewed homelessness. Staff are available on call 24/7, conduct regular visits, and provide access to therapy. Within this service structure, Park Center maintains a formal process for assessing when a member requires a higher level of care.

The assessment process is initiated following a significant behavioral health event, hospitalization, repeated psychiatric decompensation, substance-use relapse, or decline in functioning. The member's coordinator, Program Manager, and, when appropriate, Program Director review the member's individual needs and determine the most appropriate intervention.

Based on the assessment, Park Center may increase the frequency or intensity of current services, connect the member with additional behavioral health supports, transition the member to Intensive PSH services, or facilitate admission to residential treatment, crisis stabilization, assisted living, or another appropriate level of care. The response is individualized according to the member's needs rather than based solely on a single event.

Members receiving enhanced or higher-level services are reassessed regularly, typically within 90 days. The review determines whether the member can safely step down to a less intensive level of support or requires continued intensive services. This process allows Park Center to respond to changes in behavioral health and functioning while supporting continuity of care and long-term housing stability.

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

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

(limit 2,500 characters)

Both projects identified in 1C-19, Park Center and The Contributor, assess readiness to move from PSH on an individual basis, using current housing stability, available resources, independent-living capacity, and each participant's housing goals to guide the decision.

Through Park Center's "Moving On" process, staff perform a comprehensive review of a member's financial management, rental history, treatment engagement, medication adherence, ability to complete daily living activities, and overall stability in housing. When the review indicates that a member is ready for independent permanent housing, staff help locate appropriate opportunities, prepare applications, gather required documentation, and coordinate the move. Park Center continues to focus on the resources and supports needed for the member to remain housed after transition. This process has helped 10 members move from PSH to independent housing during the past three years, including a member who secured housing closer to family after spending more than five years on a waiting list.

The Contributor's Housing Stability Guides assess readiness collaboratively with each participant. The review considers income and benefits, housing stability, healthcare engagement, natural supports, tenancy skills, and the participant's stated goals. A move is not initiated simply because the participant has been enrolled for a certain period or is using fewer services. Transition planning proceeds when the participant has achieved sustained stability and wants housing that better reflects individual goals and preferences.

These approaches allow both projects to evaluate readiness comprehensively and provide practical assistance for a planned transition to another permanent housing option.

1D. Project Capacity, Review, and Ranking–Local Competition

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

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

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) The CoC Board approved a Reallocation Policy in January 2026. CoC funded projects with poor performance are subject to involuntary reallocation for any of these six reasons: unresolved findings, underperformance on System Performance Measures, failure to make effective use of project capacity, unsatisfactory participation in HMIS, failure to serve the intended or eligible population, and substandard grant management. Low performing projects receive a Performance Improvement Plan and if significant progress is not made, the CoC Performance Evaluation Committee (PEC) may choose to reallocate the projects funds in whole or in part.

The PEC periodically assesses the community's inventory, the needs of those experiencing homelessness locally, and ways to improve system-wide performance for projects that are less needed. They communicate to the community (via the CoC list serv) that types of projects that they believe are most needed in Nashville in advance of the local competition application deadline.

2) Yes, the CoC identified low performing projects

3) Yes, the CoC reallocated low performing projects this year.

4) This is not applicable, as the CoC did reallocate low performing projects.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

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

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1) In our January 2026 PIT count, our CoC implemented a series of methodology and data quality upgrades to ensure accurate count of the unsheltered population. Our CoC utilized the Hyperion PIT application to map and track real time unsheltered hotspots. The CoC implemented a mandatory, comprehensive training program that featured interactive survey practices and mock field testing. Volunteer teams were also equipped with essential emergency items to distribute to the unsheltered populations like large volumes of cold weather supplies, including scarves, gloves and non-perishable food items. Also, this year on our PIT count we had an increased focus on counting people who were experiencing homelessness but staying in emergency rooms overnight, while not admitted to the hospital. Previously this area where people sometimes stay has been overlooked. We had one team with health focused outreach workers canvass all emergency rooms in the CoC twice during the night. They only counted people who were experiencing homelessness and had not been admitted to the hospital. Because it was below freezing temperatures that night, there may have been a large number of people seeking relief from emergency rooms.

2) Due to the mandatory training and practice tests, the volunteers avoided common data entry errors on the application. This ensured that the data collected on the night of the count was clean and in compliance with HUD standards. Also counting people in the emergency rooms directly increased the baseline unsheltered count by capturing individuals who would have otherwise been missed.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC of Nashville Davidson County created an Outdoor Homelessness Strategy to identify and successfully close encampments within the CoC's geographic region. This Outdoor Homelessness Strategy includes the work of a prioritization team who identify encampments and assess which ones are the most vulnerable based on the location, environment and the needs of the people. During initial outreach, housing opportunities, treatment and recovery services, medical and mental health, and ongoing case management are identified. This encampment strategy has been vital in closing multiple encampments including the city's largest historical encampment within the last year, where over a hundred individuals were moved out of the encampment and into transitional housing, addiction treatment or permanent housing. Outreach organizations such as the Office of Homeless Services (OHS) Street Outreach Team work with the Nashville Department of Transportation, TN Department of Transportation (TDOT), and Metro Nashville Police Department to ensure resources are offered to individuals when a camp is being closed. OHS works with agencies to provide housing and ongoing supportive services.

During the evaluation period, four encampments of five people or more were closed. Three were closed by the CoC utilizing the Outdoor Homelessness Strategy, including Nashville's oldest and largest encampment on Anthes Drive; one was closed by the State of TN through TDOT.

When OHS closed the Anthes Drive ("Old City") encampment, 81 people moved directly from that encampment into Hospitality Hub's Rodeway continuum — the largest share of the 107 people housed through that coordinated effort, with 35 pets kept alongside their owners.-Hospitality Hub of Nashville. Engagement is grounded in Motivational Interviewing (Miller & Rollnick, 2013) and a trauma-informed approach (SAMHSA, 2014) — evidence-based methods for reaching exactly this population — and builds the trust that one-off outreach cannot. This field engagement is embedded in the City of Nashville's camp-clearance response: the Hub's team works alongside the OHS and the first responders who encounter people living unsheltered, so an encampment contact becomes a warm connection to housing rather than an enforcement cycle.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of encampments during your evaluation period.	4

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	236
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2. Enter the reduction in the number of people in encampments during your evaluation period.	167
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 nbsp;

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

(limit 2,500 characters)

Not applicable

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Our CoC's strategy to prevent first time homelessness focuses on early action, strong community partnerships and upstream interventions. The CoC utilizes a centralized access point via the Office of Homeless Services (OHS) Coordinated Entry CE phone line. Callers are screened immediately for diversion opportunities helping them identify safe, alternative housing resources and options using the existing networks before entering the stage of literal homelessness. Also, our CoC's Shelter, Weather and Prevention committee drives strategic coordination across local agencies to identify system gaps causing first time homelessness and deploy targeted prevention resources to the individuals and families who are at risk of homelessness.

In addition to this, CoC partners with a network of critical providers like the Metro Action Commission that connects households to utility assistance to keep families safely housed, Rooftop Nashville that provides targeted rental assistance to households facing unexpected financial crisis, and the Village at Glenclyff which has a prevention program that provides tailored medical respite and targeted prevention support for medically fragile individuals. Also, to combat the impact of formal evictions, the Metro Eviction Right to Counsel successfully stops evictions which is one of the leading structural drivers of first-time homelessness.

To address the distinct needs of young adults, the CoC leverages YHDP programs whose initiatives focuses on youth ageing out of foster care, exiting juvenile justice systems thereby preventing them from entering adult homelessness systems.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC strategizes to reduce the length of time people remain homeless by utilizing a housing focused, data driven approach like the Nashville's Coordinated Entry process which rapidly assesses vulnerability and routes households to the correct housing intervention resources and programs. The Office of Homeless Services (OHS) assists the unhoused population to connect with mainstream resources and vital documents through their outreach services and utilizes the HMIS to identify several gaps and improve system wide flow. The CoC also coordinates with local partners and mainstream housing providers to lower screening barriers and increasing housing search expertise. By using modified applicant screening criteria, property owners and landlords that participate in the Low Barrier Housing Collective reduce existing housing barriers and significantly increase the amount of housing options available for individuals and families exiting homelessness.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	39.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

We utilized and ran the SPM report for the time period October 1, 2024, to September 30, 2025. We used the metric Measure 7b.1 that tracks the exits from TH, RRH and PSH (Transitional Housing, Rapid Re-housing and Permanent Supportive Housing) only. We further sorted and filtered the data to show: rental by client with no ongoing subsidy, owned by client with no ongoing subsidy, staying or living with family (temporary tenure), and staying or living with friends (permanent tenure); the numbers of each were totaled. We divided that total by the number of TH, RRH, and PSH exits to calculate the percentage.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	999	29	972	94.55%
2. Safe Haven (SH) beds	1	0	1	100.00%
3. Transitional Housing (TH) beds	505	25	530	100.00%
4. Rapid Re-Housing (RRH) beds	492	33	525	100.00%
5. Permanent Supportive Housing (PSH) beds	1,329	0	1,329	100.00%
6. Other Permanent Housing (OPH) beds	718	0	498	69.36%

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

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

(limit 2,500 characters)

1) For the OPH beds, the missing data pertains to a significant portion of MDHA's inventory that includes both federal and local subsidies. Our plan is to provide technical assistance to MDHA to ensure that these active beds are continually reflected in the HIC and system coverage.

2) We will implement these steps by running monthly data quality and bed coverage audits and track OPH bed participation metrics prior to the next HIC submission cycle to ensure that the 85% threshold is securely achieved and sustained.

3A. Policy Initiatives

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

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

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

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

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.			
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.			
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.			
4.	Attachments must match the questions they are associated with.			
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.			
6.	If you cannot read the attachment, it is likely we cannot read it either.			
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).			
	. We must be able to read everything you want us to consider in any attachment.			
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.			
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.			
Document Type		Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment		Yes	List of TH/RRH/PS...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment		Yes	List of CoC Progr...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements		Yes	Language from Pro...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety		Yes	Evidence of Coord...	09/29/2026
05. 1D-1. Local Competition Scoring Tool		Yes	Local Competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

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

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/29/2026
Submission Summary	No Input Required