

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: VA-603 - Alexandria CoC

1A-2. Collaborative Applicant Name: City of Alexandria, a municipal corporation of Virginia

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Alexandria, Office of Community 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:

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- Frequently Asked Questions

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

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

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Nonexistent	
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	
10.	Homeless or Formerly Homeless Person(s)	Yes	
11.	Hospital(s)	No	
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	No	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	

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

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

(limit 2,500 characters)

CoC membership is open to the public and requires a signature of support submitted on our “Partnership to Prevent and End Homelessness Membership Form” by individuals or organizations interested in working to advance our mission in the City of Alexandria. General membership is publicly advertised biannually prior to the CoC’s Full Partnership meetings, which serves as an opportunity for interested citizens to learn more about our work and get involved.

CoC meetings are publicly advertised on the City’s Website and Public meeting Calendar, and on multilingual flyers including a QR Code for virtual attendance, which are displayed throughout public service facilities and community congregation spaces. The CoC also works to align public meetings with other affordable housing and service-oriented initiatives in the City and will advertise those opportunities for public input at CoC meetings and again highlight CoC membership at those events.

Membership of the more crucial community stakeholders including homeless assistance organizations, formerly homeless persons, law enforcement and first responders, regional housing developers, public housing agencies, elected officials, mental health care and medical service providers, faith community providers, homeless education liaisons, affordable housing advocates, and veteran aid organizations, is solicited by the CoC Nominating Committee through ongoing outreach. These groups are earmarked votes on the CoC Governing Board so as turnover is anticipated representatives from the sector with an upcoming vacant chair are proposed to the board for a vote each July. In FY26, one new Faith Community Representative and two new Housing Developer representatives were added to the Governing Board.

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.

(limit 2,500 characters)

The CoC engages stakeholders in an integrated process, through membership to the Partnership to Prevent and End Homelessness, and through ad-hoc initiatives, trainings, and workshops related to homeless and at-risk populations. The Partnership's open structure encourages input from all parties involved in homeless assistance including domestic violence and youth service providers, hospitals, school social workers, non-profit housing developers, police, mental and medical healthcare providers, and formerly homeless persons, promoting diversity of perspective and experience on homeless issues.

At public meetings, CoC leadership crafts the agenda to solicit specific feedback on relevant issues, and empower citizens to engage in more public input opportunities, armed with information on Alexandria's homeless services. Recent examples include the CoC's Strategic Plan, the City's Housing Master Plan, and the Community Health Improvement Plan.

CoC meetings are publicly announced via email listservs maintained by the CoC, Office of Housing, Faith Communities, and the Alexandria Council of Human Service Organizations, as well as posted to the CoC's webpage, and displayed on flyers throughout the community with a QR code for virtual access. Similar news blasts accompanied by online postings are used to disseminate Full Partnership presentation materials and other CoC publications, conduct surveys of the Partnership or community, and make requests for funding proposals. All CoC meetings are held in ADA accessible public facilities and materials are made available via email.

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)

On July 16th, 2026, the FY24 HUD-CoC Competition was announced on the CoC's webpage and broadcast via listservs maintained by the CoC, faith communities, Dept. of Housing, and the Alexandria Council of Human Service Organizations. The communication solicited proposals for new funding opportunities and included formatted Notices of Intent (NOI) to Apply, the rubric on which NOI's would be scored, and links to HUD and local resources. New and renewing agencies were equally encouraged to apply, and all publications were posted to the CoC's webpage in PDF format. Only project types highlighted by the Gaps & Needs Committee's recommendations within the FY26 Needs Assessment were eligible for submission.

One organization that is not a current HUD-CoC recipient submitted for bonus funding in FY26 and was selected for the opportunity. Another organization new to the HUD-CoC programming submitted for reallocated funds and was also included in this application.

Within the NOI, agencies are asked to answer specific questions that outlined the full scope of their program including target population, number served, services provided, and proposed budget. NOI's were tailored to the project type being pursued so that questions solicited answers about the organization's application of those specific services. Organization's submitting for DV Bonus were asked to answer additional questions that required collaboration with the City's DV program.

The Priorities Committee, consisting of key CoC members that do not receive HUD funding, then chose the best NOI to move forward for each new funding opportunity based on the answers in the NOI's, organizational experience, and the community need addressed. Community need is determined at the end of each Fiscal Year by the CoC Gaps & Needs Committee, consisting of program administrators and CoC Board members, via the Annual Needs Assessment. The Annual needs assessment is formed through regular analysis of system performance data and is broadcast to the community via listservs and posted to the CoC Webpage.

All documents related to the CoC Competition were distributed as PDF's via email and posted to the CoC Webpage.

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)

Reducing homelessness begins with limiting new entries to the homeless service system. The Alexandria CoC Lead Agency, the Office of Community Services (OCS), operates coordinated entry for the CoC and serves as the Community Action Agency for the City. In this role OCS braids short-term rental assistance, eviction prevention, homeless prevention, and housing stabilization services together to resolve housing crises before clients enter shelter. Alexandria's housing crisis safety-net is funded through the VA Eviction Reduction Pilot (VERP), the VA Homeless Solutions Program (VHSP), Community Development Block Grants (CDBG), and local general funds.

In FY26, more than 80% of permanent exits from emergency shelter were facilitated with some form of rental subsidy, most often Rapid Rehousing (RRH). With short-term rental assistance proving the most effective resource in promoting positive movement through the housing crisis continuum, the CoC targets those programs when advocating for additional funding or supports. External to the HUD-CoC Program, the Alexandria CoC executes RRH projects funded by the VHSP, the Virginia Housing Trust Fund (HTF), the Bezos Day One Fund, and the HOME-ARP Program. The CoC also supports development of project-based subsidies including the Project Based Rental Assistance Program (P-BRAP), and voucher set-asides for literally homeless residents.

For high-service need residents in housing crisis, like those experiencing chronic homelessness, supportive housing solutions prove the most cost-effective for the CoC System, and most successful for clients. The CoC works to maintain all applications of supportive housing within the geographic region including projects funded by HUD-CoC, Substance Abuse and Mental Health Agency (SAMHSA), Department of Aging and Adult Services (DAAS), Department of Behavioral Health and Disability Services (DBHDS), and privately funded Assisted Living Facilities. The CoC also supports voucher set asides for the population through the Non-Elderly Disabled, and Emergency Housing Voucher programs.

For current and former service members, the CoC makes direct referral to VASH vouchers and SSVF programs.

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

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- Frequently Asked Questions

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?	70%

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

(limit 2,500 characters)

N/A

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)

The Alexandria Continuum of Care (CoC), known locally as the Partnership to Prevent and End Homelessness, maintains a strong partnership with the Alexandria Community Services Board (A-CSB), which oversees and administers the City's publicly funded mental health and substance use disorder services. The A-CSB is represented in the CoC governance structure and is an active partner in the CoC's efforts to ensure access to behavioral health supports for people experiencing or at risk of homelessness.

Through all points in the homeless service continuum, residents in need are directly connected to behavioral health services, including outpatient individual and group therapy, substance use disorder treatment and counseling, psychiatric evaluation and medication management, clinical case management, psychosocial rehabilitation, crisis intervention, and recovery-oriented supports. The system also includes 24/7 behavioral health crisis response, suicide-prevention resources and interventions, and peer and recovery supports.

A-CSB services are coordinated with case-management and integrated into the long-term housing plan for all residents experiencing homelessness when clinically appropriate, including withdrawal management and short- and long-term residential services. The CoC's strategic plan specifically identifies partnership with A-CSB to maintain access to behavioral health supports, strengthening the connection between housing stability and ongoing behavioral health care.

Pathway Homes Inc., also operates a continuum of behavioral health supports in the City, up to and including PSH for chronically homeless individuals with a serious mental illness. Beyond in-house behavioral healthcare, Pathway Homes also makes direct referral to A-CSB services like all other CoC programs so care coverage can integrate with community supports.

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

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

(limit 2,500 characters)

The Alexandria Continuum of Care (CoC) partners with the Alexandria Community Services Board (A-CSB) to provide access to peer recovery specialists and other recovery-oriented supports throughout the homelessness response system. Through this partnership, peer recovery specialists are embedded across CoC services to enhance the client experience, help individuals maintain connections to behavioral health services, and support personally identified recovery goals. Connections to A-CSB peer recovery and behavioral health services are made directly from outreach, emergency shelter, and housing programs, allowing individuals to access recovery support and navigation without having to independently initiate a separate service connection. This approach complements the CoC's coordinated system of outreach, shelter, housing, and supportive services and strengthens continuity between housing assistance and behavioral health recovery supports.

Another CoC Service provider Pathway Homes, Inc., operates HUD-CoC funded, and Virginia Department of Behavioral Health and Disability Services (DBHDS) funded PSH units in Alexandria. Pathway Homes provides supported housing and an array of supportive services to program residents, incorporating peer support into its service model by employing individuals with lived experience of mental health services as peer counselors and recovery coaches who serve on clinical teams. Pathway Homes, like other CoC projects in the City, also leverages A-CSB services for clients to access other recovery community supports. Through these connections, all Alexandria PSH participants can access peer support, recovery-focused services, and individualized assistance that promotes housing stability, community integration, self-determination, and progress toward personal recovery goals.

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

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

(limit 2,500 characters)

The CoC works closely with PATH to identify individuals experiencing Serious Mental Illness (SMI) and connect them with services necessary to promote stability and recovery. PATH staff can provide outreach, mental status assessment etc. for individuals experiencing or at risk of behavioral health crises.

The CoC and PATH staff coordinate with the Alexandria Community Outreach and Response Program (ACORP), local hospitals, Alexandria Community Services Board (A-CSB), to facilitate behavioral health assessments and screenings for individuals who may require more intensive services.

A-CSB provides ACT services and a range of behavioral health services such as:

Coordinated specialty care for individuals experiencing first episode of psychosis

Targeted mental health case management

Psychosocial Rehabilitation

Intensive Residential services

Behavioral Health Supported Employment & Education Services (SEES)

Permanent Supportive Housing*

Individuals identified as needing ongoing behavioral health or substance use services are referred for additional DCHS behavioral health programs including:

Substance Use Case Management

Outpatient Behavioral Health Services

Medication-Assisted Treatment (MAT) Program

Referrals are coordinated among PATH, A-CSB, DCHS, hospitals, ACORP, and other community partners based on the individual's identified needs and level of acuity.

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

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

(limit 500 characters)

The CoC partners with the Alexandria Community Services Board (A-CSB) to embed behavioral health services throughout CoC Programming. A-CSB is responsible for connecting with all residents engaged in the Alexandria Treatment Court, including those in housing crisis.

A-CSB and other CoC Board Members also liaise with the Virginia Opioid Abatement Authority (OAA), which was established to remediate the opioid epidemic by providing funding programs focused on treatment and prevention.

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)

The Alexandria Continuum of Care (CoC) collaborates directly with the Alexandria Community Services Board (A-CSB)—operating under the City's Department of Community and Human Services (DCHS)—to ensure wrap-around care, stabilize housing crises, and support households in transitioning toward long-term independence. The CoC's Coordinated Entry System (CES) provides shelter assessment screenings via telephone for individuals scheduled for or undergoing discharge from local correctional facilities. This ensures immediate, low-barrier intake and housing triage prior to community re-entry, mitigating immediate homelessness upon release. A-CSB works in close coordination with regional criminal justice and legal partners (including local law enforcement, public defenders, commonwealth attorneys, and court officers) to offer behavioral health jail diversion programs. These interventions divert non-violent offenders with serious mental illness or substance use disorders away from incarceration and directly into community-based behavioral health treatment and supportive housing pathways.

A-CSB also delivers a comprehensive, 24/7 "Crisis Now" emergency continuum designed to stabilize acute behavioral health events in the least restrictive environment possible. When severe mental health crises compromise client safety or stability, A-CSB utilizes court-ordered emergency interventions—including Emergency Custody Orders (ECOs), Temporary Detention Orders (TDOs), and Mandatory Outpatient Treatment (MOT)—to facilitate involuntary hospitalization or court-mandated treatment when clinically indicated. Leveraging judicial mechanisms ensures vulnerable individuals are stabilized safely during acute crises without immediately forfeiting their connection to CoC housing programs and stabilization plans.

By integrating behavioral health treatment, intensive case management, emergency response, and re-entry housing assessments, the CoC and A-CSB build a continuous safety net. This joint infrastructure minimizes justice-system involvement, reduces crisis-driven housing disruptions, and equips participants with the clinical support and daily living skills required for sustained housing self-sufficiency.

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)

The CoC Lead Agency is an office within the Alexandria Department of Community and Human Services (DHCS), which includes the Dept. of Behavioral Health, the Alexandria Community Services Board (A-CSB). A-CSB is an active member of the CoC Governing Board.

The CoC partners with A-CSB to provide the continuum of Crisis Now behavioral health services including Mobile Crisis via 988, 24 hr. Crisis Intervention, behavioral health co-response with police, and involuntary hospitalization if indicat

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.	0
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?		No

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

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

(limit 500 characters)

The CoC Lead Agency, the Office of Community Services (OCS), is an office within the Alexandria Department of Community and Human Services (DHCS). DHCS includes the Dept. of Behavioral Health, the Alexandria Community Services Board (A-CSB) and A-CSB is an active member of the CoC Governing Board.

OCS executes PATH in partnership with A-CSB. A-CSB is working toward CCBHC certification, and partners with state psychiatric facilities as well as local private in-patient programs.

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)

The Alexandria Community Services Board (A-CSB), the City's Department of Behavioral Health, operates the Sheltered Homes of Alexandria PSH program (transitioning to Transitional Housing) as well as a sober-living house for 8 people. A-CSB also provides residential substance misuse treatment for uninsured individuals and makes appropriate connections for Medicaid recipients. Alexandria shelters and outreach programs make direct referral to A-CSB for substance misuse services.

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 Alexandria Community Services Board's (A-CSB) role in preventing homelessness in the Alexandria CoC following institutional discharge is supported particularly strongly by Virginia law. Virginia law requires the appropriate community services board to provide discharge planning, in consultation with the state hospital or training center, for individuals who will be discharged from state facilities. The discharge plan must be completed before discharge and must identify the individual's anticipated housing, mental-health, substance-use, medical, social, employment, transportation, and other service needs, as well as the public or private agencies that have agreed to provide those services.

The law also provides for coordination between the A-CSB, state hospitals, and other public and private human-service agencies. Where an individual chooses to return to the community served by the A-CSB, the A-CSB is required to make reasonable efforts to facilitate placement there; the A-CSB serving the community in which the individual will reside is responsible for arranging transportation upon request under established discharge protocols.

Alexandria's Consolidated Plan further documents that the Alexandria CoC uses memoranda of understanding with public and private institutions to prevent individuals from being discharged into homelessness. The Plan states that housing needs are assessed through the City's centralized assessment system and that appropriate placement is made with a homeless-services provider. It also specifically notes that DCHS has responsibility under state law for discharge planning for individuals in state psychiatric hospitals and that policies are in place to ensure adequate discharge planning and housing options at discharge.

A-CSB also provides an important housing and residential-services component of this system including safe haven, TH, PSH, group homes, and other supported living for adults with serious mental illness and/or co-occurring substance-use disorders. Short-term placements generally range from 12–24 months, while long-term arrangements can continue while the individual needs the support and is actively working toward personal-service-plan goals.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,443,079
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.	\$623,285
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	43%
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.	\$150,000
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).	54%

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)?
	60.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The Virginia Department of Housing and Community Development (DHCD) is the ESG recipient, and as a subrecipient of that funding through the Virginia Homeless Solutions Program's (VHSP) competitive grant process, the Alexandria CoC provides all community information necessary to inform funding priorities. DHCD receives annual PIT and HIC data and solicits the CoC's opinion on VHSP resource allocation each quarter. During regular grant operations the CoC monitors all VHSP program utilization with the City of Alexandria, including those operated by City Departments and non-profit partners. Reported quarterly and metrics include client exit outcomes, and system performance metrics, and monthly program draws.

Within the local biannual VHSP competition, the CoC Lead Agency executes a fair and open proposal and funding allocation negotiation process, which leverages the results of system performance monitoring and the Annual Needs Assessments to inform a strategic application for prevention, emergency shelter, and rapid rehousing funds.

CoC partner and Governing Board Representative, the Alexandria Office of Housing, is the lead agency for the City of Alexandria's Consolidated Plan. They also receive all PIT and HIC data reported in HUD's Homeless Data Exchange, as well as the CoC's own local analysis for the Con Plan. The Con Plan is updated annually via an Action Plan process, during which CoC staff consult daily with counterparts in the Office Housing to ensure our clients' needs are addressed.

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)

The CoC's Coordinated Entry hub, the Homeless Services Assessment Center (HSAC) can be access through the City's 311 number like all Alexandria Human Services and is advertised throughout the City. All clients received a standard assessment that screens for safety and homeless prevention eligibility, before quantifying housing barriers. Residents assessed to be in immediate housing crisis are referred to one of the City's two Emergency Shelters, the Alexandria Community Shelter (ACS) or the Hoffman Center, both operated by Carpenter's Shelter. ACS serves both single and family households while the Hoffman Center only serves families. Both shelters assist all clients with housing stabilization to help them reenter housing quickly, and in connection with the services they need to sustain it.

At program entry, shelter clients that do not meet chronic homeless criteria are prioritized by assessment score for Rapid Rehousing (RRH) services (funded through the Virgia Housing Trust Fund, the Virginia Homeless Solutions Program, and the HUD-CoC Program) and enrolled on a rolling weekly-basis. These households are also screened for eligibility to one of the City's privately funded Transitional Housing (TH) programs, Community Lodgings, and ALIVE! House, and referred according to priority as units become available. Clients that meet chronic homeless criteria are also prioritized according to assessment score, but for vacant Permanent Supportive Housing (PSH) units which offer the services vital to the population's housing stability. The City's PSH units are operated by the Alexandria Community Services Board (A-CSB) as well as Pathway Homes.

Shelter providers maintain regular communication with coordinated entry staff and housing program providers to help facilitate referrals into CoC housing programs and minimize delays in the move-in process. When a household is identified with a specific housing need, the shelter works with the receiving provider to complete documentation, coordinate appointments, and support the transition into housing. This wholistic approach allows the CoC to target its housing resources in ways that improve outcomes for shelter residents.

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 will use these data to provide government partners with a clear picture of the size, characteristics, capacity, and performance of the local homelessness response system. Key strategies include:

Annual PIT and HIC reporting: The CoC will share finalized PIT and HIC results with state and local government partners to identify changes in homelessness, available housing capacity, shelter utilization, and gaps among specific populations. These findings will inform annual planning, resource allocation, and development of new housing and supportive-service capacity.

HMIS data sharing: Aggregate HMIS information will be provided to authorized government partners through reports, dashboards, and other appropriate data products. Where individual-level information is necessary and legally permissible, sharing will occur only under applicable HMIS policies, data-sharing agreements, informed-consent requirements, and privacy protections.

System Performance Measures: The CoC will regularly review SPM data with government partners to evaluate outcomes such as the length of time people experience homelessness, exits to permanent housing, returns to homelessness, and successful housing outcomes. Performance trends will be used to identify system bottlenecks and opportunities for improvement.

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)

Most Alexandria's PSH programs are administrated by the Alexandria Community Services Board (A-CSB) which utilizes its own database (Credbile) and prioritization requirements. As the database for behavioral healthcare services in the City, Credible integrates Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Behavioral Health and Disability Services (DBHDS) regulations, in addition to those enforced by HUD.

The CoC's coordinated entry hub, the Homeless Services Assessment Center (HSAC) collects information from court rosters on households facing eviction. That data is used to develop lists of residents with active eviction proceedings or other indicators of housing instability. For households identified as having higher needs or those who have previously exhausted short-term emergency assistance, information from these sources is used to identify potential eligibility or referrals for eviction prevention services.

The Alexandria CoC Lead Agency, the Office of Community Services (OCS) also serves as the City's Community Action Agency, responsible for eviction prevention and short-term rental assistance for eligible residents in need. Record for these services and others within Alexandria's Department of Community and Human Services (DCHS), including the Dept. Of Child and Family Services and the Workforce Development Center, are recorded in the local case management database, Harmony. OCS maintains coordination between the CoC and Harmony via the HMIS Lead Administrator who pulls reports and matches service usage across systems to improve client outcomes and effective resource allocation.

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)

All Alexandria CoC homelessness assistance programs include employment-related eligibility requirements which participants need to abide by to continue being active and engaged in programs. Some of these requirements include maintaining / increasing income, applying for SNAP, Medicaid, and/or SSI. These individuals make daily external referrals to recruiters, employers, vocational programs, and the Alexandria Workforce Development Center (WDC), to help clients work towards their earning potential.

The CoC also employs a dedicated Employment Navigator at Alexandria's WDC, whose responsibility is to liaise between those resources and homeless assistance programs, making direct referrals from shelter and outreach to SNAP-ET, the VIEW program, WIOA, and traditional employment opportunities. In FY27, the position will be promoting linkages to work programs for Medicare recipients.

The Employment Committee is appropriately responsible for implementing all employment-based initiatives within the CoC, including hosting job fairs, standardizing pre-employment training and interview coaching, securing job vacancies for homeless clients, and generally advocating employability of the population. The CoC also maintains representation from the business community on its Governing Board who is responsible for voicing the ongoing employment concerns of the homeless services system at the board level.

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)

The CoC executes Alexandria's PATH Funded services via its homeless outreach coordinator, who sits in the CoC Lead Agency, Alexandria's Office of Community Services (OCS). The Alexandria outreach coordinator maintains partnership with the Alexandria Police Department (APD), Department of Recreation, Parks and Cultural Activities (RPCA), and the Department of Transportation and Environmental Services (T&ES). The outreach coordinator facilitates quarterly presentation on homeless services as part of the Crisis Intervention Team (CIT) training for police officers, sheriff's deputies, and other first responders. The training provides an overview of the City of Alexandria's homeless population, the barriers faced by individuals experiencing homelessness, effective engagement and de-escalation strategies, mental health awareness, available homeless services and resources, and the City's ongoing outreach efforts. This collaboration helps equip first responders with the knowledge and skills needed to respond safely and effectively to individuals experiencing homelessness.

The CoC works closely with two designated APD officers who are assigned to address issues involving unsheltered City of Alexandria residents. These officers have specialized training and work in coordination with CoC to engage individuals experiencing homelessness and connect them with available supportive services. This partnership strengthens communication between law enforcement, the CoC, and other COA departments. The relationship also allows service needs identified through outreach to be communicated to the appropriate community resources.

With this partnership the CoC, Alexandria Police Department (APD) and other relevant City departments can coordinate responses to unsheltered homelessness and connect individuals and families to appropriate services. This coordination supports timely responses to encampment-related concerns while also creating opportunities for outreach, and linkage to supportive services and potential housing services.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The Alexandria CoC does not operate a “reunification program” with a standardized payment or referral protocol, but implements the practice as a standard assessment, case-management, and housing-stability strategy carried out through the CoC’s coordinated network of providers.

For families experiencing homelessness, Alexandria’s Homeless Services Assessment Center (HSAC) provides comprehensive assessment of all members and connects people to appropriate housing and supportive services. HSAC coordinates services to minimize the family separation associated with homelessness at this stage and has funds available for travel to connect clients to family members in other jurisdictions. In these instances, warm handoffs are made to the intaking CoC.

Once in Alexandria shelters case managers can work with participants to identify safe and appropriate natural supports, assess whether returning to a family or other support network is consistent with the participant’s goals and housing stability, communicate and coordinate with other service providers, and help arrange the services necessary for a successful transition. In partnership with the CoC Lead Agency, the Office of Community Services (OCS) all CoC providers can coordinate and facilitate reunification, including arranging connections to services and, where allowable and available, transportation or other relocation assistance.

In Partnership with Alexandria’s Center for Children and Families, the CoC also makes referrals to the local Public Housing Agency for Family Unification Program (FUP) vouchers for eligible households in need.

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)

The Alexandria CoC cooperates with, and does not direct its providers to interfere with, lawful local public-safety and public-space-management activities. The City's homelessness-response system is structured so that homeless-service providers provide outreach, assessment, diversion, behavioral-health referrals, and housing assistance, while law enforcement and other authorized agencies retain responsibility for enforcing laws governing public spaces and unlawful activity. DCHS homeless outreach regularly engages people experiencing unsheltered homelessness and connects them to available services; HSAC provides comprehensive assessment and diversion; and Alexandria's behavioral-health system provides access to mental-health and substance-use services.

This complementary structure supports local efforts to address encampments and public camping without leaving people disconnected from services. Where public drug use or other unlawful activity occurs, Alexandria Police Department retains its enforcement responsibilities, while the CoC and behavioral-health system can provide appropriate treatment and housing connections. Where an individual presents a legally defined danger to self or others because of mental illness, Alexandria operates within Virginia's emergency-custody and involuntary-treatment framework, including behavioral health evaluation and preadmission-screening responsibilities.

Alexandria also operates within Virginia's Sex Offender and Crimes Against Minors Registry framework. Registry information is maintained and disseminated through Virginia State Police and is available to criminal-justice agencies, including local law enforcement, as provided by Virginia law. The CoC's role is housing and supportive services; it does not replace law enforcement's statutory responsibility for sex-offender registration and enforcement. CoC providers therefore coordinate with the applicable public-safety and behavioral-health systems and comply with applicable information-sharing requirements while maintaining the confidentiality protections required for homeless-services participants.

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)

Alexandria has local legal authorities that support timely management of unauthorized camping on public property, particularly in City parks. Alexandria City Code § 6-1-8 prohibits camping or using posted public parks as living accommodations and provides for enforcement by police and authorized parks personnel. The City also establishes park closing hours and other public-space rules. Following the U.S. Supreme Court's 2024 decision in *City of Grants Pass v. Johnson*, generally applicable public-camping restrictions may be enforced consistent with applicable law.

Alexandria's CoC complements these public-space management authorities with a service-based response to unsheltered homelessness. DCHS homeless outreach staff regularly visit parks and other locations where people experiencing homelessness are found, engage individuals using progressive engagement, conduct or facilitate assessment, and make direct referrals to shelter, diversion, housing assistance, benefits, behavioral-health care, and other services. HSAC assesses people experiencing a housing crisis for diversion and provides coordinated connections to appropriate services. Thus, when public-space rules require a person to leave a location, the City's homelessness-response infrastructure provides an established pathway for connecting that individual to appropriate housing and supportive services rather than simply displacing the person without assistance.

Alexandria does not have blanket citywide law authorizing immediate clearance of every encampment on every type of public property. The principal documented local authority is the City's park ordinance and applicable public-space rules, whose scope depends on the location and circumstances. To mitigate ambiguity in these circumstances, the CoC combines enforceable public-space regulations with a coordinated outreach, assessment, diversion, and housing-response system to address unsheltered homelessness. Since March 2026, 21 encampments have been cleared, comprising 14 adults. During this time the CoC has seen growing visibility of unsheltered homelessness, with more inquiries and concerns being submitted by residents.

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)

Currently there are five active encampments within the Alexandria CoC's 15 square mile geographic region, which includes eight individuals. All five encampments are hidden from view and in locations that are not accessible to the public. There are no immediate safety concerns to unsheltered persons residing in the active encampments, or the surrounding public. Ongoing outreach and progressive engagement is being conducted by the CoC's PATH Outreach Staff to all unsheltered individuals in Alexandria, including those residing in encampments.

Alexandria Police Department and Alexandria Parks Department are consistently updated on all active encampments in the City in accordance with CoC policy and the Alexandria Encampment Response Standard Operating Procedures (SOP). Alexandria's response to the five active encampments will likewise follow the actions and deadlines outlined in the Encampment Response SOP.

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)

There are no local City of Alexandria laws or policies that hinder the CoC's ability to decrease the public use of illicit drugs. COA Public consumption law prohibits public possession, use, and/or disability of illicit substances. Within the CoC's geographic area there were zero documented overdose deaths among individuals experiencing homelessness from 2020-2022 in Alexandria. This is notable because 2022 was the peak year for drug overdose deaths locally and nationally. The CoC will continue to monitor reports and trends of overdose deaths in public spaces

The CoC coordinates with APD to respond to encampments or public areas frequented by unhoused individuals where illicit substances may be present. The CoC does not interfere with APD enforcement on local public assumptions laws or enforcement of any applicable law.

The CoC maintains substance free policies in shelters and facilities to promote safe environments in these spaces. Individuals identified as needing substance use services are referred for additional DCHS programs including:

Substance Use Case Management

Medication-Assisted Treatment (MAT) Program

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)

Within the CoC's geographic area, the City of Alexandria (COA) has several practices that support the prevention of illicit drug use and overdose, particularly opioid-related overdoses.

The city operates a drug disposal program at three locations across the city, providing community members with accessible locations to safely dispose of unwanted medications and reduce the potential for misuse. The city also participates in illicit drug use prevention campaigns designed to increase public awareness and promote prevention.

Department of Community and Human Services (DCHS) and Alexandria Health Department (AHD), partner with local businesses, restaurants, and other community partners to provide overdose prevention education and training. These partnerships expand the COA's ability to respond to potential overdose risks in public areas.

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)

There are no local City of Alexandria laws or policies that the CoC has identified as hindering its ability to utilize established standards for addressing individuals experiencing homelessness who may pose a danger to themselves or others.

The CoC and PATH staff coordinate with the Alexandria Community Outreach and Response Program (ACORP), local hospitals, Alexandria Community Services Board (A-CSB), to facilitate behavioral health assessments and screenings for individuals who may require more intensive services. From October 2022 to February 2024, Alexandria received 3,934 behavioral-health calls; 965 responses by ACORP; 31 encounters meeting arrest criteria; and 27 of those 31 (87%) diverted from incarceration. A-CSB is the COA's behavioral healthcare provider, provides all outreach services and supports residents with behavioral healthcare needs. If clinical escalation is necessary, A-CSB Emergency Services can evaluate the individual and recommend crisis stabilization or psychiatric hospitalization when clinically indicated.

The CoC will leverage existing partnerships as a strategy for addressing situations where a person may be at risk to themselves or others. The CoC, PATH and other staff will continue to use established referral processes to coordinate with behavior health providers. The COC will continue to coordinate and utilize emergency referral processes to these services when and where appropriate.

PATH provides Crisis Intervention Team (CIT) training for police officers, sheriff's deputies, and other first responders. The training provides an overview of the City of Alexandria's homeless population as well as effective engagement and de-escalation strategies. While there is ongoing training to better response efforts and focus on de-escalation tactics, the CoC does not interfere with Alexandria Police Department (APD) policies and procedures in addressing any individual who is a threat to themselves or others.

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)

All residents presenting for housing crisis assistance, or engaged in homeless outreach, are checked against the National Sex Offender registry. Emergency housing for most members of this population is managed by Alexandria's Department of Corrections (A-DOC), where there are now laws, policies, or practices that limit the CoC's ability to comply with SORNA.

However, City of Alexandria emergency shelters, seasonal shelters, and the Domestic Violence Safehouse, all maintain capacity to serve households with children, which prevents them from providing facility-based services to registered sex offenders. For clients that do not meet the A-DOC threshold for assistance, a transfer to a neighboring CoC is coordinated by the Homeless Services Assessment Center (HSAC). In those instances, a record of the transfer date and location is recorded in Alexandria's HMIS database, but all subsequent client location tracking is managed by the intaking CoC, and subject to their local policies.

To limit blind spots in this process, HSAC utilizes two singles-only shelters in a neighboring CoC as standard practice and conducts a warm-handoff directly to CoC Lead staff, transferring all information necessary for them to maintain SORNA compliance on each incoming offender. To date this strategy has been effective, as reported by coordinated entry staff in Alexandria and the partnering CoC, especially because the subpopulation is small and manageable. In FY 26 only 4 clients required such a transfer.

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 City's homeless outreach services consist of one full-time PATH funded Outreach Coordinator and on part-time, after-hours outreach worker. Alexandria is only 15 square miles, but capacity is limited, so coverage of the CoC's full geographic region is managed through field visits and diligent data tracking. Both outreach workers sit in the Office of Community Services (OCS), the CoC Lead organization, which allows the CoC to monitor the scope of unsheltered homelessness via HMIS and leverage the data for additional resources.

In the field, outreach staff cover the entire community at least weekly, conducting daily visits to City emergency shelters, day centers, meals programs, churches, parks, libraries, and any locations they know unsheltered individuals to access. They employ progressive engagement strategies with residents they meet, and with a tablet can track live services in HMIS and make direct referrals to mainstream and CoC assistance.

Alex311 is a service initiative that connects Alexandria residents with services and resources available through the City, providing a convenient avenue for resident to submit reports, complaints, and service requests, and access a feed-back loop to monitor the response. Through Alex311, the Outreach Coordinator receives daily reports concerning individuals and families experiencing homelessness in residential areas, business areas, public spaces, and other locations throughout the community. Outreach workers respond to these reports by conducting outreach, assessing the individual or family's needs and risk to individual or public safety, then providing information and referrals to appropriate services, and escalating action if necessary.

As OCS employees, the outreach workers have access to all coordinated referral within Alexandria Social Services, including connections to resources for persons with disabilities. All Alexandria Dept. of Community and Human Services (DCHS) assistance, including homeless outreach and housing assistance, are advertised locally on City buses and in the paper in accordance with fair housing, and all services rendered meet those standards.

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)	No
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's policies for securing education services for homeless minors are mandated within the emergency shelter screening process for households with children. Upon accessing Alexandria's housing crisis response system, households with children review all literature on education services and City schools with coordinated entry staff, and are assisted in completing applications for transportation assistance, subsidized lunch, or other eligible assistance. Those assessed to be unstably housed are linked to the City's Homeless Education Liaison (HEL), who is responsible for securing education for students experiencing housing instability within Alexandria City Public Schools (ACPS). Additionally, a standard educational assessment for each child is included in the family's housing stabilization plan, while ongoing school concerns are addressed by caseworkers at shelter, school social workers, and by the HEL. For infants and toddlers involved in homeless assistance, referrals are made for developmental assistance and education, while children under five are triaged for mental health services and HeadStart.

The HEL is a voting member of the CoC Governing Board. In that role, she represents the Local Education Agency (LEA) and liaises with the State Education Agency (SEA) on behalf of the CoC, providing updates on the current scope of youth homelessness in the City, as well as policy changes or best practice improvements to youth education services. The HEL's office and ACPS have an MOU with the Alexandria Dept. of Community and Human Services (DCHS) which houses the CoC's Lead Agency, the Office of Community Services (OCS), ensuring all residents with school age children who present for services are connected to the LEA.

The CoC maintains representation on Alexandria's Youth Services Coordinating Council, responsible for executing aspects of the LEA's Strategic Plan, and Alexandria's Children and Youth Community Plan. The HEL is reciprocally a member of the CoC's Gaps and Needs Committee, which manages macro-level service planning for the City's homeless residents, and she attends bi-weekly shelter case management meetings to ensure all youth in the homeless assistance system are quickly connected to the appropriate education services.

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 Alexandria CoC coordinates with the City's child-welfare system and other youth-serving public agencies to prevent homelessness among young people transitioning from foster care and other systems of care. Coordination begins before discharge through individualized transitional-living planning and independent-living services. Youth may continue receiving foster-care and housing supports through age 21 through Virginia's Fostering Futures program, with additional post-emancipation housing assistance available to eligible youth. Alexandria's multidisciplinary Children's Services Act system brings child welfare, behavioral health, schools, courts, and families together to assess needs and monitor individualized service plans. If a youth nevertheless experiences housing instability, the CoC's Homeless Services Assessment Center provides coordinated assessment and diversion, connecting the young person to appropriate housing, rental assistance, shelter, and supportive services. This creates a continuum from prevention and transition planning through homelessness intervention and stable housing, with the goal of ensuring that young people do not exit public systems of care directly into 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)

There are no RHY-funded providers within the CoC's geographical region.

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)

1. The Alexandria City Rapid Rehousing program, funded by HUD-CoC Permanent Housing dollars, exclusively serves households with children, housing and average of 20 households per year.
2. The Community Lodgings Transitional Housing program also serves exclusively families, totaling 7 households over the 24-month program period. The program currently receives no state or federal funding.
3. ALIVE House also serves three households with children in 24-month Transitional Housing, priorit

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)

RRH and TH programs within the Alexandria CoC employ several congruent strategies to increase homeless residents' employment income, both through mainstream employment assistance resources and through CoC specific initiatives. At the ground level, in all CoC homeless assistance programs there are employment specific staff tasked with maintaining and increasing income and employment for program participants. These individuals make daily external referrals to recruiters, employers, vocational programs, and the Alexandria Workforce Development Center (WDC), in effort to help clients work towards their earning potential.

At a committee level, the Employment & Income Committee is appropriately responsible for implementing all employment-based initiatives within the CoC, including hosting job fairs, standardizing pre-employment training and interview coaching, securing job vacancies for homeless clients, and generally advocating employability of the population. Outside of events the committee monitors monthly employment outcomes within the CoC and recommends improvement strategies for Governing Board Approval. The CoC also maintains representation from the business community on its Governing Board who is responsible for voicing the ongoing employment concerns of the homeless services system at the board level.

The CoC also utilizes an Employment Navigator, a position that sits at WDC and assists CoC clients navigate the continuum of employment assistance resources in the City. The Employment Navigator has proven successful in bridging the skills gap between homeless residents and the workforce, compelling the CoC to implement some additional data tracking requirements within the program to better inform the application of the service to clients from all levels of the Continuum.

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)

At coordinated entry, the Homeless Services Assessment Center (HSAC) screens clients for housing barriers, including monthly income and primary source, which informs shelter case managers in development of a housing plan. HSAC is collocated with the City's Public Benefits Office so eligible clients are immediately referred for TANF, SNAP, SSI/SSDI, and other mainstream assistance programs. Once in shelter, staff are experienced in the relationship between income and housing in the CoC's high-cost area and are keen to include housing plan goals that aim to increase client income to make housing attainable. To make that approach common practice, the CoC has implemented holistic training for all case managers, emphasizing connection to sustainable supports like cash and non-cash benefits simultaneous to the search for housing.

HUD-CoC funded programs in the Continuum are required to make SOAR certified staff available to all clients and all other programs in the CoC can equally access those services for clients that need SSI/SSDI applications expedited. The CoC's PATH outreach worker, who is also SOAR certified, is responsible for coordinating with the Northern Virginia SOAR led to secure CoC staff certifications, update training, and track progress made on the CoC's SOAR applications.

Alexandria's Office of Public Benefits assists CoC partners in applying for Medicaid reimbursement within their services, offering resources, contacts, and additional support to providers to ensure clients that were covered received access. That partnership continues to grow especially with federal changes to healthcare, and the CoC will continue to leverage those transitions to further improve the collaboration between benefits and homeless services.

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

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

(limit 2,500 characters)

The Alexandria CoC combines housing assistance with coordinated connections to the child, family, health, and education services that support successful housing stabilization. Through the Homeless Services Assessment Center and participating shelter and housing providers, families are assessed for housing and diversion needs and connected to case management and permanent-housing resources.

For households with children, the CoC's documented procedures include educational assessment and linkage to Alexandria City Public Schools' Homeless Education Liaison, transportation and school-meal assistance, and referrals for Head Start, developmental, and mental-health services. Families are also connected to child-care assistance, parenting and child-development supports, and pregnancy-related health, nutrition, postpartum, and home-visiting services.

Crisis housing providers such as Carpenter's Shelter supplement these connections with family-focused case management, parenting support, education and employment services, and assistance maintaining access to childcare, schooling, health care, and nutritious meals. This integrated approach recognizes that stable housing for families depends not only on a housing placement, but also on the family's ability to care for children, maintain children's education and health, and achieve economic stability.

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

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

(limit 500 characters)

The CoC partners with the lead Supportive Service for Veteran and Families (SSVF) provider in Northern Virginia, Friendship Place, to coordinate assistance for unhoused veterans in Alexandria. Through Friendship Place, the CoC connects with the VA to link vets to mainstream assistance, including local VASH. Alexandria is also a part of a regional initiative tracking unhoused veterans throughout the DC-Metro region, and aggregating CoC resources to improve housing outcomes for the population.

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)

Alexandria's Domestic Violence (DV) Program provides all survivors' services in the City, including operating the DV hotline, DV Safehouse, and non-emergency outreach. DV Safehouse residents are linked anonymously to CoC housing priority lists, and from there are enrolled in TH, RRH, and PSH. Programs prioritizing DV specific referral include ALIVE House, and 3-bed TH program for households with children.

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's Coordinated Entry hub, the Homeless Services Assessment Center (HSAC) conducts phone-intakes for residents who are exiting the Alexandria Detention Center with no immediate housing plan. HSAC also coordinates with Probation and Parole to manage housing plans for those residents when needed.

Friends of Guest House helps women successfully reenter the community from incarceration, providing residential programming upon discharge as well as non-residential outreach.

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 CoC partners with the Alexandria Health Department and Neighborhood Health to connect people experiencing homelessness with coordinated health services. This cross-system approach helps to identify individuals whose homelessness is compounded by chronic medical conditions and frequent use of emergency departments. Through coordinated outreach and connection to primary and behavioral healthcare, the CoC moves individuals from crisis-oriented services towards ongoing, community-based care.

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)

The CoC coordinates with Alexandria's Division of Aging and Adult Services (DAAS) to address the housing needs of older adults. DAAS serves seniors and adults with disabilities, emphasizing those with low income, institutionalization risk, and disabilities. DAAS determines eligibility for home-based services eligibility and publicly funded assisted living. Through this partnership, older adults engaged in CoC services are connected to benefits, long-term-care, and community-based care.

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)

All PSH programs in Alexandria prioritize chronically homeless individuals. The majority of the CoC's PSH is operated by the Alexandria Community Services Board (A-CSB), the local department of behavioral health, which administers 46 beds in 26 units prioritizing chronic homeless individuals, particularly for clients experiencing severe mental illness.

Additionally, Pathway Homes operates an 18 bed PSH program in Alexandria, which also prioritizes clients experiencing chronic homelessness.

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

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

(limit 2,500 characters)

The Alexandria Community Services Board (A-CSB) is the City's behavioral healthcare provider providing all outreach services and supports to residents with behavioral healthcare needs. Within their residential programming, A-CSB case managers have regular site visits and case meetings with the clients and are available to provide outpatient care and referral to residents of external PSH and other permanent housing programs when clinically appropriate. A-CSB maintains capacity to provide on-site behavioral healthcare to all Alexandria residents, including those engaged in CoC Programming.

Pathway Homes specifically also employs peer support specialists, counselors, therapists, and clinicians to support their clients with regular behavioral health monitoring and holistic case management.

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)

The Alexandria Community Services Board (A-CSB) and Pathway Homes use independent, person-centered assessment processes to monitor participant needs and determine whether the participant's current housing and service setting remains appropriate. When an individual's needs exceed the level of support available in the community or in another A-CSB or Pathway Homes Program, staff coordinate with the participant's treatment team and appropriate behavioral-health or residential providers to obtain a higher level of care. In practice, the entities apply care escalation as follows:

Ongoing monitoring: staff assess whether the participant's clinical, behavioral, functional, and housing-support needs continue to be appropriately addressed by the current service setting

Matching services to need: The participant is served in the least restrictive/community-based setting that can safely and appropriately address the person's needs, with available options ranging from supported housing and community-based services to more intensive residential or clinical settings.

Clinical escalation when necessary: If a participant develops an acute behavioral-health crisis or needs a level of care that cannot safely be provided in the community, A-CSB Emergency Services can evaluate the individual and recommend crisis stabilization or psychiatric hospitalization when clinically indicated.

Referral and coordination: When additional services are appropriate, Pathway Homes assists individuals in accessing them, while A-CSB can coordinate with other residential, behavioral-health, substance-use, or community-support programs.

Transition rather than abandonment: A need for a higher level of care is treated as a service-transition issue rather than simply a housing termination issue.

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)

The Alexandria Community Services Board (A-CSB) and Pathway Homes both use an individualized, recovery-oriented approach to determine whether participants are ready to transition from more intensive supportive housing to less-supported, unsubsidized, or other permanent housing. Readiness is based on the participant's progress toward housing stability, independent-living skills, ability to manage tenancy responsibilities, access to ongoing supports, and individual recovery goals—not simply on a predetermined length of stay. Both entities use individualized assessment and service planning to determine appropriate supports and operate separate continua of housing and services specifically designed to allow participants to move toward greater independence as their needs change. Relevant indicators of readiness include:

Demonstrated an ability to maintain housing and comply with basic tenancy expectations, with the amount of support needed decreasing over time

Demonstrated skills in personal care, household management, money management, transportation, safety, and community functioning

Demonstrated understanding and responsibility towards lease requirements, community rules, landlord-tenant relationships, and being a good neighbor

Behavioral-health stability and reduced need for intensive residential support

Participant goals and self-determination

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.	09/30/2026
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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.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/30/2026
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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)

The CoC Governing Board maintains authority to initiate reallocation of all HUD-CoC funded programs during the annual competition. Justification for CoC initiated reallocation results from a response to community need, poor program performance, or shifting funder priorities. Instances of reallocation due to community need or poor program performance are recommended by the Gaps & Needs Committee via quarterly recommendation reports or the Annual Needs Assessment and approved by the CoC Governing Board. According to CoC policy, HUD-CoC funded programs are offered a period of mandated technical assistance to improve identified performance metrics before reallocation is initiated.

In the FY26 HUD-CoC Program Competition, the Alexandria Community Services Board (A-CSB) PSH Program was recommended for reallocation due to consistent underperformance in monitoring and review.

Shifting funder priorities in the FY26 HUD-CoC Competition prompted two additional reallocations, both made voluntarily by Alexandria's Department of Community and Human Services (DCHS), who is ultimately responsible for execution of both grants. With funding priority placed on new proposals for TH and SSO projects in the FY26 HUD-CoC NOFO, the CoC encouraged tier two projects to apply for transition grants to change to a prioritized project type or reallocate their HUD-CoC dollars to the community for open competition. DCHS chose to reallocate its HUD-CoC HMIS grant to the community for open-bid to bolster outreach services in the community, a strategic sacrifice that should positively impact service delivery. In partnership with Sheltered Homes of Alexandria (SHA), via the A-CSB, the SHA-PSH program agreed to pursue a transition grant and segue their project to the HUD-CoC TH model over the course of FY28.

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)

N/A

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 Continuum of Care (CoC) Lead Agency, the Office of Community Services (OCS), within the City of Alexandria's Department of Community and Human Services (DCHS), has strengthened its coordinated approach to addressing homelessness and encampments. DCHS/OCS has worked collaboratively with the Alexandria Police Department (APD), Department of Recreation, Parks and Cultural Activities (RPCA), and Department of Transportation and Environmental Services (T&ES) to coordinate response to individuals residing in encampments.

Since March, the Alexandria CoC has increased its coordinated response to encampments, resulting in more encampments being cleared during the past six months than were cleared during all of calendar year 2025. These efforts have included increased interdepartmental coordination and engagement with individuals residing in encampments to connect them with available shelter, housing, homelessness services, and other community resources.

In addition, DCHS/OCS has been developing a Standard Operating Procedure (SOP) with APD, RPCA, and T&ES. Once finalized, the SOP will further formalize interdepartmental coordination, clarify roles and responsibilities, establish consistent procedures for responding to individuals experiencing homelessness and encampments.

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.	26
2. Enter the reduction in the number of encampments during your evaluation period.	5

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.	21
2. Enter the reduction in the number of people in encampments during your evaluation period.	8

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)

N/A

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)

Within the Office of Community Services (OCS) is the Homeless Services Assessment Center (HSAC). When individuals present in housing crisis, a standard assessment is given, and the previous five years of homelessness history is recorded. This gives the CoC greater context of homeless history than HUD's report as the data can be tied to individual demographics and outcomes produced by CoC services. To start, the assessment records factors that led to a household's current episode of homelessness, giving the CoC a self-reported source for first time experience. Coupling this information with prevention and diversion data has proven the CoC's best method for identifying why Alexandrians are becoming homeless for the first time.

As the short-term assistance provider and operator of coordinated entry, OCS is doubly concerned with preventing residents from experiencing homelessness. Most households that experience homelessness simply cannot afford a one-bedroom unit in Alexandria, showing that housing affordability remains the primary cause of first-time homelessness. To be proactive the CoC focuses on initial homelessness from specific zip codes, often with concentrations of subsidized housing, and targets prevention resources to those neighborhoods, engaging the PHA or private landlords to keep residents in housing.

The CoC's Gaps and Needs committee collects this data monthly to determine the most prevalent sources of homelessness in Alexandria, and through analysis has managed to recommend more upstream interventions. OCS is also the City's Community Action Agency and primary provider of short-term rental assistance. These services, as well as case management and housing location are offered first, and last resort referral is made to shelter.

In late 2023, the CoC conducted a data-dive into instances of homelessness versus recidivism and found that most people experiencing first time homelessness enter the CoC through seasonal winter shelter, and often utilize no other services. Conversely, this population self-reports experiencing homelessness sometime in the last three years at a rate of 90%. This relationship, and the profile of winter-shelter users, is thus being further explored in FY26.

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)

Using increased and reallocated Rapid Rehousing (RRH) funds, the CoC has been using permanent housing placement to reduce the shelter length of stay. This highlights that when funds are allocated to high performing organizations who are invested in positive client outcomes, RRH is an effective method to reduce the length of stay and improve the permanent exit rate. In addition, using data-driven decision making and statistical analysis via our BNL the CoC has efficiently and effectively utilized vouchers to move people out of shelter and out of permanent supportive housing to allow long used units to come available for those in need of PSH.

All clients experiencing homelessness, whether entering through our Domestic Violence (DV) Shelter, Winter Shelter, Street Outreach, or coordinated entry, receive the same standard assessment that measures client's housing barriers and history of homelessness. Having the same assessment at each entry point allows for better data consistency and comparability of client responses across each access point. Bi-weekly, this data is pulled into our By Names List (BNL) by our HMIS Administrator, at which point referrals are made based on client's rank on that list. The BNL prioritizes clients based on significance of housing barrier, race, and ethnicity, and is currently being adjusted to account for length of stay in a more quantifiable way.

Currently the length of time homeless is displayed in an easily identifiable way on the BNL, essentially denoted by a client's entry date into our shelter programs. The list is routinely analyzed and adjusted basis by the Housing Crisis Response Committee to respond to current needs. The Gaps and Needs Committee evaluates its impact on homelessness duration and housing placement. In most circumstances, subsequent changes to BNL algorithms are made based on the recommendations illustrated by the Lead CoC Administrator in Quarterly Recommendation reports.

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?	74.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

This metric was calculated using Alexandria's HMIS data which includes all homeless designated TH, RRH, and PSH programs in the CoC. HMIS Programs are required to record the date and destination for all clients exiting their services, which include unsubsidized housing amongst the possible options. Thus, the denominator of the equation includes all clients exiting TH, RRH, and PSH in FY25 (284), and the numerator includes those that specifically exited to unsubsidized housing (207).

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/04/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	128	24	152	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	1	0	10	100.00%
4. Rapid Re-Housing (RRH) beds	85	0	85	100.00%
5. Permanent Supportive Housing (PSH) beds	50	0	50	100.00%
6. Other Permanent Housing (OPH) beds	45	0	33	73.33%

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)

Other Permanent Housing (OPH) units identified in this Housing Inventory Count are privately funded and serve formerly homeless residents, so they are not required by any federal, state, or local regulations to track services within the local HMIS system. Still, OPH providing organizations engage with the CoC in other services areas that do require HMIS interaction, which has lead to the integration of their OPH units into the system. In FY26, new units came online and the HMIS project was not updated to reflect the change before the competition report was released. This will be rectified in the near future.

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?	No
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	vidence of Coordi...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/29/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	VA-603_2026 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		