New Orleans-Jefferson Parish-Kenner Continuum of Care LA-503

APPLICATION for NEW Supportive Service Only (SSO)

Projects for Coordinated Entry and Street Outreach

2026

Purpose: All Project Sponsors of HUD CoC grants (Direct Grantees and Sub-Recipients) must submit an application for funding to the local Continuum of Care (CoC) to be considered for inclusion in the local application for funding that will be submitted to HUD.

Information submitted by the Project Sponsor will be used to 1) Certify compliance with funding terms published in HUD's NOFO; 2) Provide information for the project performance scores that will be used by the CoC Project Evaluation and Selection Committee to rank projects in order of priority funding in the CoC application submitted to HUD; and 3) Provide information for the project application that will be submitted in HUD's E-snaps application system.

Additional information for project performance scores will be obtained from HMIS and CoC records as indicated in the **Project Scoring Key** that is posted on UNITY's Local Competition website www.coc.unitygno.org.

IMPORTANT - Current SSO projects, including coordinated entry and street outreach, will be scored using the Project Performance Scoring Key for the FY25 project component type. Higher scoring projects will be submitted in the application to HUD as a new project. Lower scoring projects may be reduced or not included.

Organization Name: _____

Project Name: _____ **FY25 Project #:** _____

Contact Person for this Application: _____

Email: _____ **Phone:** _____

Requested Funding Amount

- ☐ **Current Funding Amount –** *No changes*
- ☐ **Current Funding Amount –** *Changes requested to add indirect cost rate or increase administrative budget.* ***Must submit completed budget template.***
- ☐ **Decreased Funding Amount of $** _____
- ☐ **Increased funding is being requested as a response to the RFP.**

Return completed Local CoC Application with all attachments through the UNITY Application Portal at https://portal.neighborlysoftware.com/UNITYNO/Participant

NO LATER THAN noon on July 14, 2026

If you have any questions or if you have any problems with the submission, send an email to proposals@unitygno.org and contact the UNITY Contracts Team 504-821-4496

Jonathan Brantner x1005 jbrantner@unitygno.org

Kenya Morris-Landry x1010 at kmorris-landry@unitygno.org

Applicants are encouraged to submit applications prior to the deadline. Project applications will receive 5 bonus points for early submission of the completed application with all attachments by **July 9, 2026.** *Bonus points will NOT be awarded for submissions that are incomplete or do not have all the attachments.*

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A. Certifications

☐ Yes ☐ No The project applicant will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).

☐ Yes ☐ No Project sponsor will comply with other terms of funding in the FY26 CoC NOFO in addition to all applicable regulations and executive orders.

☐ Yes ☐ No CoC funded program does not deny service to survivors, does conduct safety planning, and follows VAWA policies of the CoC and HUD to minimize trauma.

☐ Yes ☐ No This project will encourage the provision of substance use disorder treatment and recovery housing within or outside of the CoC for people with substance use disorders.

B. Coordinated Entry and Outreach

☐ Yes ☐ No Project cooperates with first responders and law enforcement to increase positive interactions.

☐ Yes ☐ No Project assists in family reunification by providing case management and travel costs.

☐ Yes ☐ No Project facilitates housing for people who are in/were in homeless encampments.

☐ Yes ☐ No Project works with law enforcement, first responders and governments to reduce encampments and public drug use.

☐ Yes ☐ No Project prevents and minimize trauma for women who are victims of DV/trafficking.

☐ Yes ☐ No Project is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance, and is accessible for persons with disabilities.

☐ Yes ☐ No The project connects participants to resources from other public or private sources, which may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

☐ Yes ☐ No The applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing, or independent living, and will cooperate with the enforcement of local laws.

☐ Yes ☐ No The project helps people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing, or permanent housing.

Submit a brief narrative (no more than two pages) addressing each of the items below.

1) Describe the organization's experience operating a coordinated entry access point, street outreach, and/or other coordinated entry assessment navigation services.
2) Indicate the operating hours for the project (days and hours). Is the project accessible to new participants between 5 p.m. and 8 a.m. and weekends?
3) How does the project advertise services to specifically to reach households with the highest needs who are experiencing homelessness?
4) What is the project's strategy for providing supportive services to eligible program participants, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.
5) How does the project ensure program participants are directed to appropriate housing and services that fit their needs?
6) Describe any changes to improve participant self-sufficiency by improving connections to treatment (substance use and/or behavioral health) and employment and training programs to increase participant income and self-sufficiency.

C. Partnerships

☐ Yes ☐ No Project has a partnership with **employment or workforce development** program demonstrated by a written agreement to serve participants in this program.

Name of employment or training program: _____

☐ Yes ☐ No **Partnership for substance use treatment** available for program participants.

Type of Intervention: _____

Provider of Treatment: _____

Frequency of Treatment: _____

☐ Yes ☐ No **Partnership for behavioral health treatment** available for program participants.

Type of Intervention: _____

Provider of Treatment: _____

Frequency of Treatment: _____

☐ Yes ☐ No Project has a focus to serve people with **high medical needs** and has a partnership(s) with healthcare providers.

If Yes, please list provider: _____

☐ Yes ☐ No The project has a formal partnership with a **Certified Community Behavioral Health Clinic**, Community Mental Health Center, PATH Provider, GHBI provider.

If Yes, please list provider: _____

☐ Yes ☐ No The project has a partnership to prevent or end homelessness among people transitioning from prisons, jails, or court-ordered programs **(justice / re-entry**).

If Yes, please list provider: _____

Services provided: _____

☐ Yes ☐ No The project has a partnership with services specialized for **aging and elderly individuals** experiencing homelessness (e.g., assisted living, memory care, or medical respite services).

If Yes, please list provider: _____

Services provided: _____

Programs Serving Families with Children

☐ Yes ☐ No Project provides supportive services focused on improving participant income.

☐ Yes ☐ No Project leverages funding from mainstream family service systems such as TANF.

☐ Yes ☐ No Program provides parenting support, pregnancy-related and child healthcare support.

☐ Yes ☐ No Program provides or works with child care organizations to facilitate employment for parents who are experiencing homelessness.
Attach agreement.

☐ Yes ☐ No Program has a written agreement with an organization that provides education support and services for children ages 0-5 like public pre-k, head start, child care, home visiting, etc.
Attach agreement.

☐ Yes ☐ No Program works with McKinney-Vento School Liaisons to ensure educational needs are being met for school age children and young adults.

C. Service Provision

Indicate services provided to project participants and whether the services are provided by the applicant, a partnership documented through an MOU or other written agreement, or through mainstream services available to anyone in the community.

Service Provision	Applicant	Partner	Mainstream	**Name of Partner**
Outpatient Mental Health Services	☐	☐	☐	
Outpatient substance use disorder treatment	☐	☐	☐	
Psychosocial Interventions	☐	☐	☐	
Counseling	☐	☐	☐	
Medication Management	☐	☐	☐	
Suicide Prevention	☐	☐	☐	
Recovery Supports	☐	☐	☐	
Peer recovery specialists	☐	☐	☐	
Other peer support	☐	☐	☐	
Job Training	☐	☐	☐	
Community Building	☐	☐	☐	
Recovery Navigation	☐	☐	☐	
Parenting supports	☐	☐	☐	
Assertive Community Treatment (ACT) teams	☐	☐	☐	
Assisted Outpatient Treatment (AOT)	☐	☐	☐	
Other (describe):	☐	☐	☐	

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This application for funding is submitted to UNITY of Greater New Orleans for review and approval by the CoC Evaluation and Project Selection Committee for consideration to be included in the FY2026 CoC NOFO. The information submitted will be used by the CoC Evaluation and Project Selection Committee to score and rank projects for the project prioritization listing submitted to HUD using the process approved by the CoC Governing Council. All information submitted to the CoC for funding is subject to monitoring from HUD and UNITY.

I certify that all information submitted with this application, including the information in all attachments and reports, is accurate and correct.

Organization Name: _____

FY25 Expiring Project Name: _____

FY25 Expiring Project Number: _____

FY25 Amount $_____

Executive Director Signature: _____ **Date:** _____

Name: _____

Title: _____