# FY2026 HUD CoC Notice of Funding Opportunity

## *Local Funding Competition*

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

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APPLICATION TRAINING FOR CURRENTLY FUNDED PROJECTS

JULY 2, 2026

UNITY OF GREATER NEW ORLEANS

# Agenda

## Overview of the FY26 NOFO

## Local Funding Priorities

- Tiering
- Scoring
- Reallocation

## Application Process

- UNITY Application Portal
- Local Application
- Performance Scores (APR data)
- Budgets
- Attachments – Match and Leverage

## Questions

# FY26 CoC Funding Availability

| | | FY26 NOFO |
|---|---|---|
| **Tier 1** | | $24,761,476 |
| | | 60% of funds |
| **Tier 2** | Reallocated | $16,507,651 |
| | CoC Bonus | $5,000,000 |
| | DV Bonus | $4,800,000* |
| **Total Funding Available** | | **$51,069,127*** |

**Note: These figures are estimates, as HUD has yet to release the FY 2026 Annual Renewal Demand (ARD) Report. CoC Planning Grant is not ranked.*

# UNITY FY26 Guiding Principles

Avoid Harming Vulnerable Clients.

Prevent an increase in homelessness without new permanent housing.

# Annual Renewal Demand

**Total Available for Renewal:**
**$41,269,127**

**Tier One = $24,761,476**
PSH = $24,060,828
Non-PSH in Tier 1 = $700,648

**Restricted to Serve Survivors:**
**$7,793,823**

**New Funding Applications:**
**DV Bonus-20% PPRN**
**$4.8 million (estimate)**

**CoC Bonus-15% FPRN maximum**
**$5 million**

**Awards MAY include cost of living adjustments.*

| Component Type | Total Funding $ (% of total) | DV Restricted Portion | Potential New Portfolio |
|---|---|---|---|
| Permanent Supportive Housing | **$24,060,828** 58.0% | | **$24,060,828** |
| HMIS | **$504,106** 1.2% | | **$504,106** |
| Supportive Service Only - SSO (Coordinated Entry & Outreach) | **$1,745,900** 4.0% | **$289,916** | **$1,738,394** |
| Safe Haven | **$672,216** 1.6% | | |
| Joint Transitional Housing & Rapid Re-Housing | **$7,830,404** 19.0% | **$4,807,073** | |
| Rapid Re-Housing | **$7,390,562** 17.9% | **$2,696,834** | |
| New Transitional Housing | | | **$12,893,182** |
| CoC Bonus<br>DV Bonus | | | **$5,000,000**<br>**$4,800,000** |
| **Total** | **$41,269,127** | **$7,793,823** | **$51,069,127** |

# Local Competition Decisions

- Project scoring emphasis on housing outcomes and increasing self-sufficiency.
- Prioritization of  PSH and HMIS in Tier 1.
- All other projects submit a new project application that will be scored using project performance of currently funded project.
- Project scoring within each prioritization level for ranking.
- Reallocation of projects with low utilization, history of unspent funds and/or low expenditures.
- Reallocation of other lowest scoring projects.
- RFPs for New Funding for TH and SSO projects to support programs to address system gaps.

# Implications for New TH Project Applications

**RRH, Safe Haven and Joint Component (TH-RRH)**

New project could have start date earlier or later than current project.

All current participants would need to exit prior to the new start date.

Could request different budget.

# Transitional Housing Models

Transitional Housing can be provided through a congregate model where everyone is in the same building

OR through a non congregate model that allows participants to “transition in place” at exit from the program.

Non-congregate can be provided through Leasing Assistance or Rental Assistance model.

**Leasing assistance**

Agency holds lease with landlord.

Match is not required on leasing funds.

May have operating budget.

Limited to no more than FMR - no exceptions.

**Rental Assistance**

Lease is between client and landlord.

Match is required on rental assistance funds.

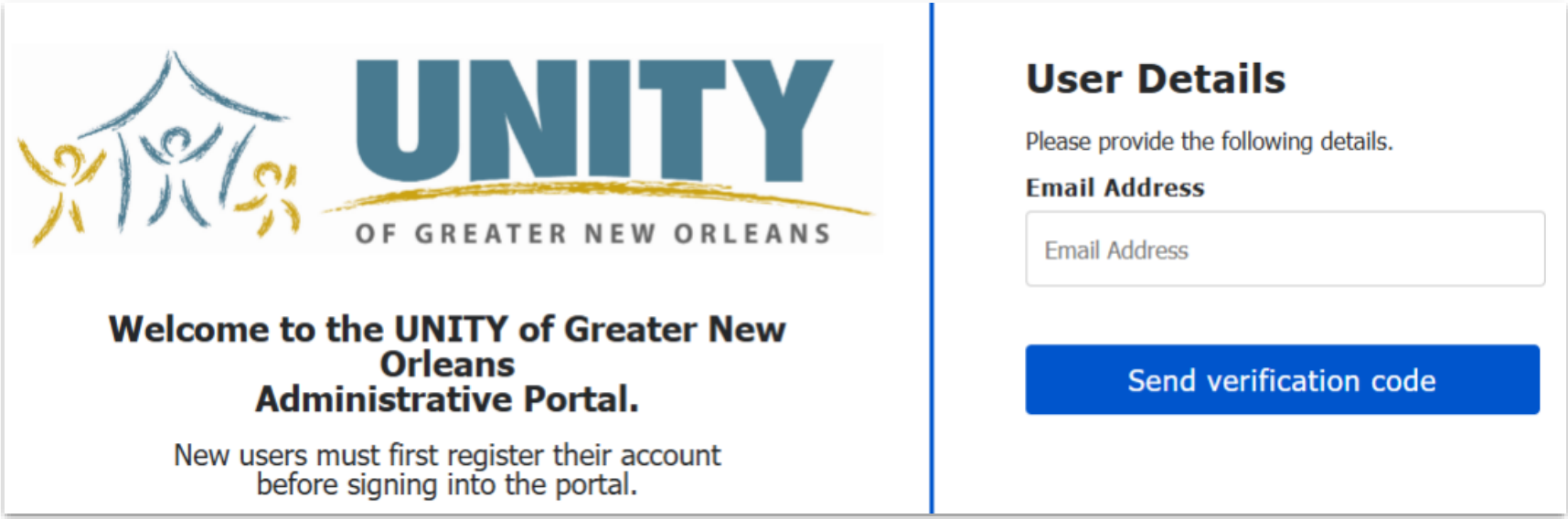
No operating costs.

Only government agencies are eligible.

# Application Steps

- Application Portal
- Project Performance Scoring
- Budget
  - Indirect Costs and Administrative Costs
- Match & Leverage
- Service Plan
- Participation Agreement

# Application Portal - Neighborly




To register for an account with Neighborly, follow the link below.

https://portal.neighborlysoftware.com/UNITYNO/Participant

# Good Morning, Jonathan

Welcome to the UNITY of Greater New Orleans Neighborly Portal.

UNITY of Greater New Orleans is committed to accessibility for all applicants. If you require this material in an alternate format or have questions about the program, please contact us at 504-821-4496.

**Start a New Application**

**Search Applications**

| Application Name | Description | Action |
| --- | --- | --- |
| Grants Management | Select this option if you are a Project Sponsors of HUD CoC grants (Direct Grantees and Sub-Recipients) applying for funding to the local Continuum of Care (CoC) for funding that will be submitted to HUD. | Start Application |

New Application for Grants Management

Close ×

**Please provide a name for the application:**

Use the following format: **Organization Name – Project Name**

UGNO - Test Project

Cancel

Start Application

Application

Users

Print

**Status:** Application in Progress
**Name:** UGNO - Test Project
**Case ID:** 31071

- Program Overview
- A. Organization Information
- B. Certifications for All Applicants
- C. Currently Funded Projects
- D. NEW PROJECT APPLICATION in Response to CoC RFP

Submit

Back to Dashboard

# Application

Please select Continue below to continue the application process.

For questions related to your application contact UNITY of Greater New Orleans directly at 504-821-4496.

Continue

**Status:** Application in Progress
**Name:** UGNO - Test Project
**Case ID:** 31071

- **Program Overview**
- A. Organization Information
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Submit

Back to Dashboard

# Program Overview

Print This Step

Please provide the following information.

UNITY OF GREATER NEW ORLEANS

**UNITY of Greater New Orleans**
**Grants Management Program**

**UNITY of Greater New Orleans**
2475 Canal Street, Suite 300
New Orleans, LA 70119
504-821-4496

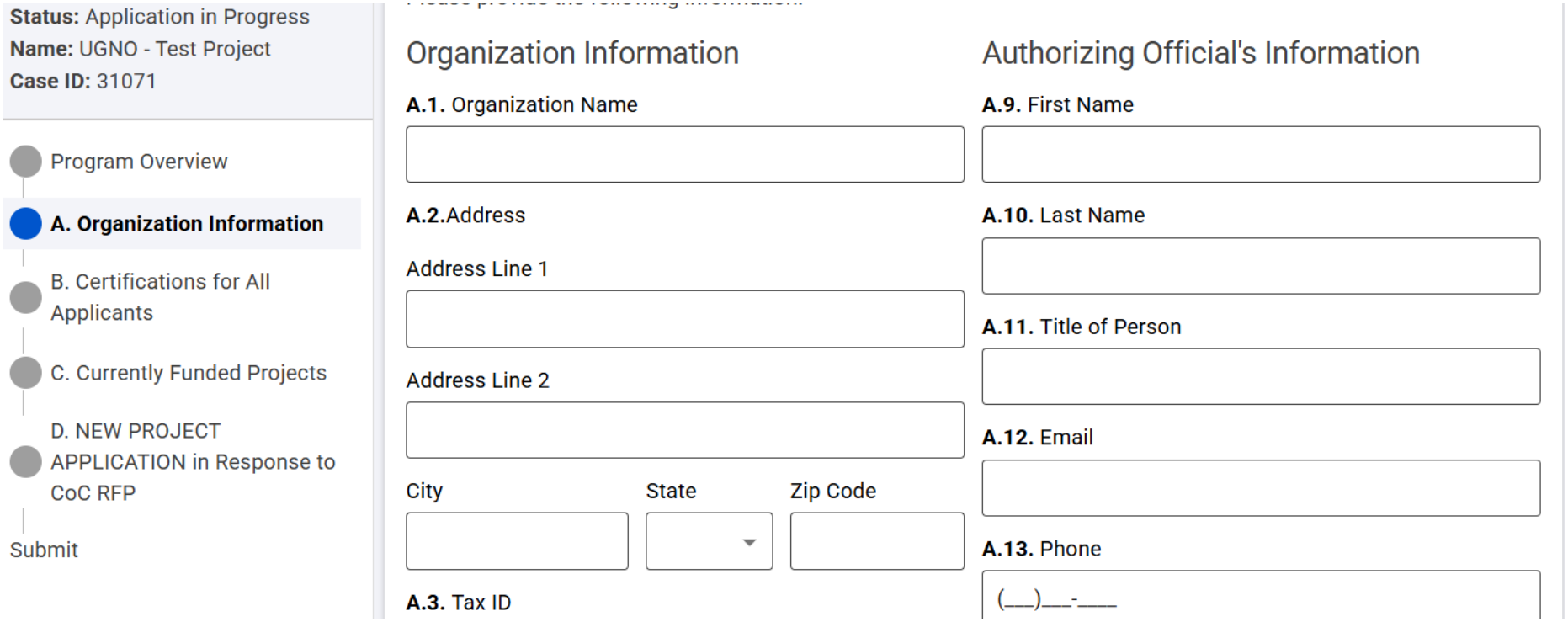
UNITY of Greater New Orleans is the collaborative applicant for the CoC and coordinates the local application for submission to HUD for the homeless Continuum of Care (CoC) in New Orleans, Jefferson Parish, and Kenner (LA-503).

This local application shall be submitted to request new CoC funding or transition of an existing CoC project to be considered for inclusion in the local application for funding that will be submitted to HUD.

Eligible applicants include faith-based organizations, non-profit organizations 501(c)3, government entities. Faith based organizations may apply on the same basis as any other organization.

Please review the information at UNITY's CoC Competition website coc.unitygno.org for more details about what should be included in this application and the

**Read the Program Overview Statement and then scroll to the bottom of the page to click Complete & Continue**




**All applicants must fill out this section. For projects with current FY25 funding, select the first option. Option 2 is for new Projects through an RFP only.**
**When finished click Complete & Continue**


**All applicants must attach their Code of Conduct and then fill out this section.**
**Once finished, click Complete & Continue**

**Status:** Application in Progress
**Name:** UGNO - Test Project
**Case ID:** 31071

- Program Overview
- A. Organization Information
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- **C. Currently Funded Projects**
- D. NEW PROJECT APPLICATION in Response to CoC RFP

Submit

Back to Dashboard

# C. Currently Funded Projects

Print This Step

Please provide the following information.

**C.1.** Project Name (Optional)

**C.2.** FY25 Project # (Optional)

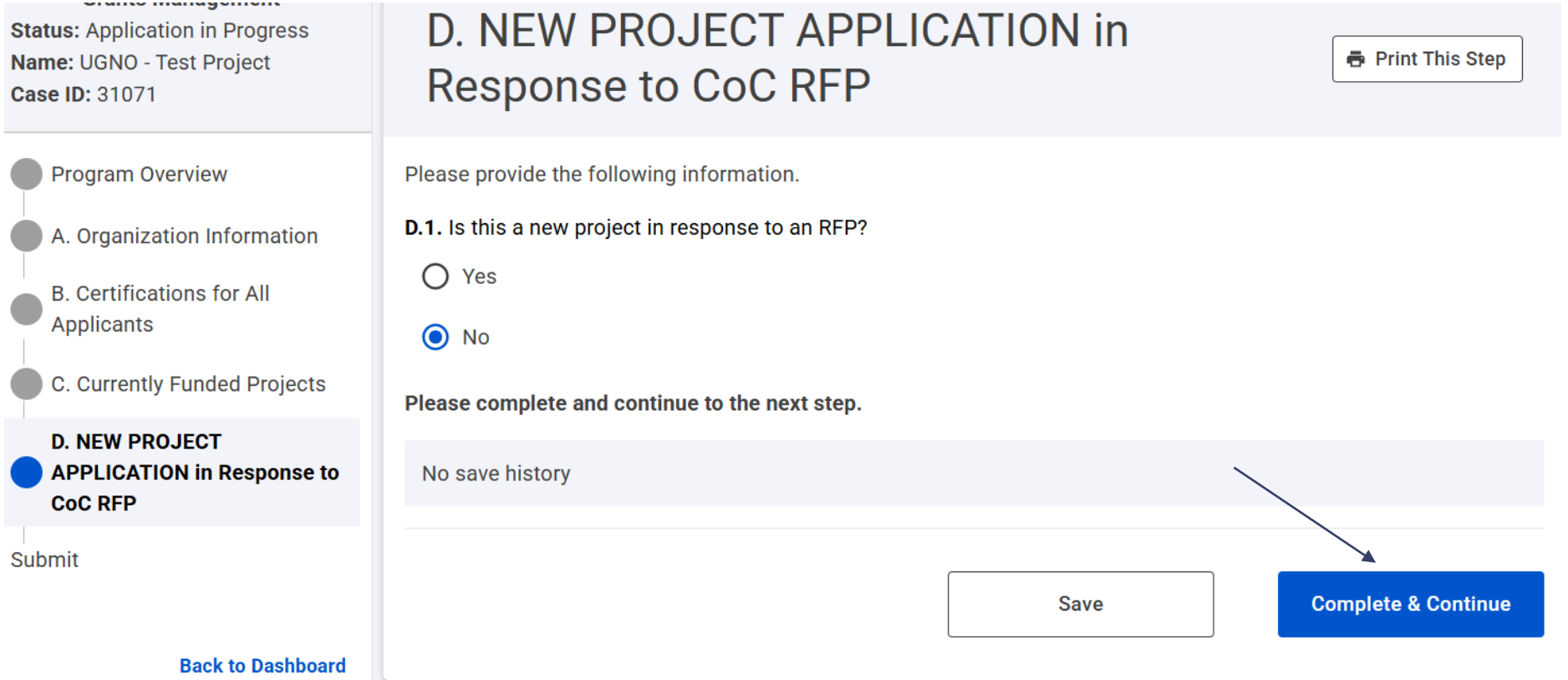
**C.3.** FY25 Funding Amount (Optional)

**C.4.** Expiring Project Type (Optional)

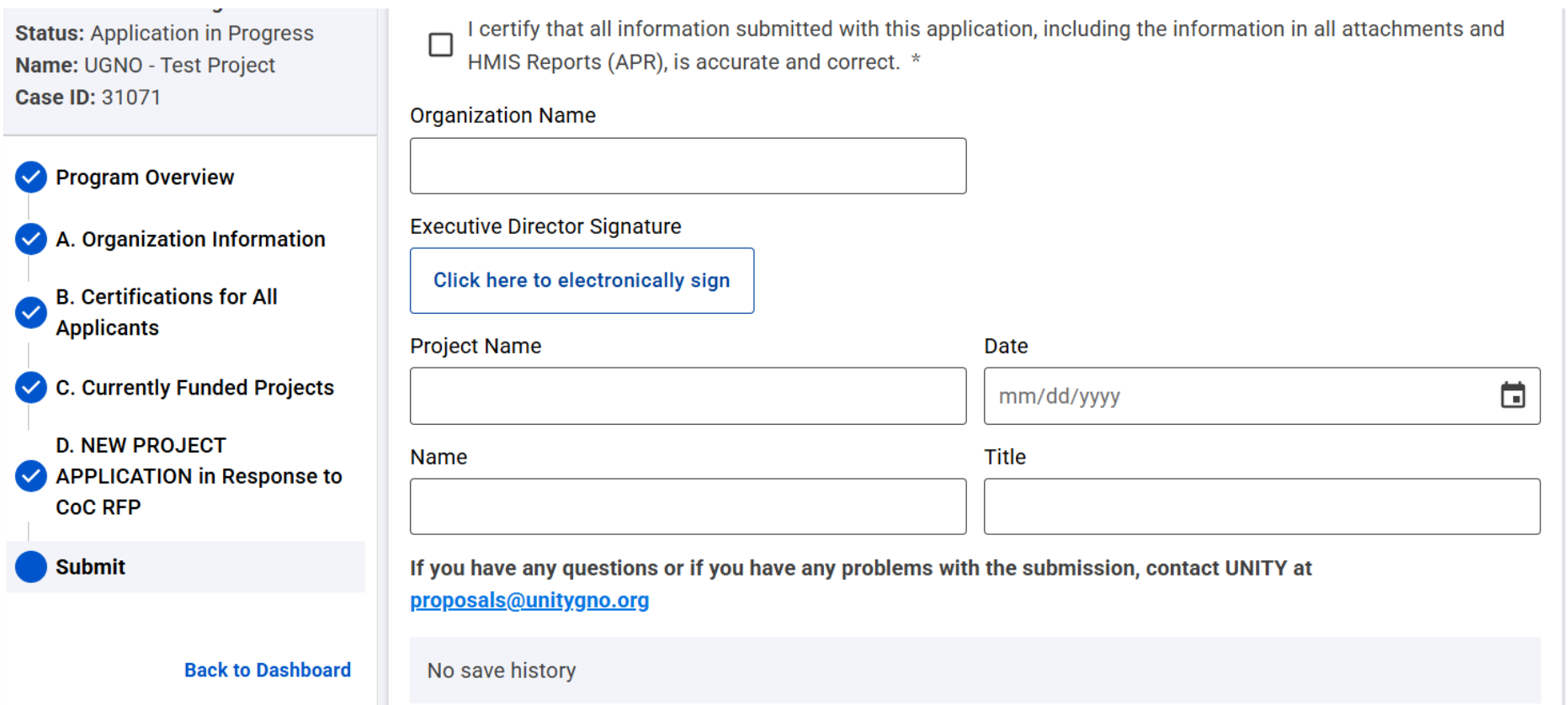
**C.5.**Population Focus.
At least 50% of participants are expected to consist of a specific population focus: (may select multiple):

- ☐ Families with children
- ☐ Unaccompanied Youth and Young Adults
- ☐ Chronically Homeless
- ☐ Survivors of Domestic Violence, Trafficking
- ☐ People Experiencing Unsheltered Homelessness
- ☐ Veterans

**Only projects wishing to remain the same program type or transitioning to a TH Project will complete this section. When finished, click Complete & Continue.**




**Currently funded projects will select No and then Complete & Continue to move on to the Submit page.**

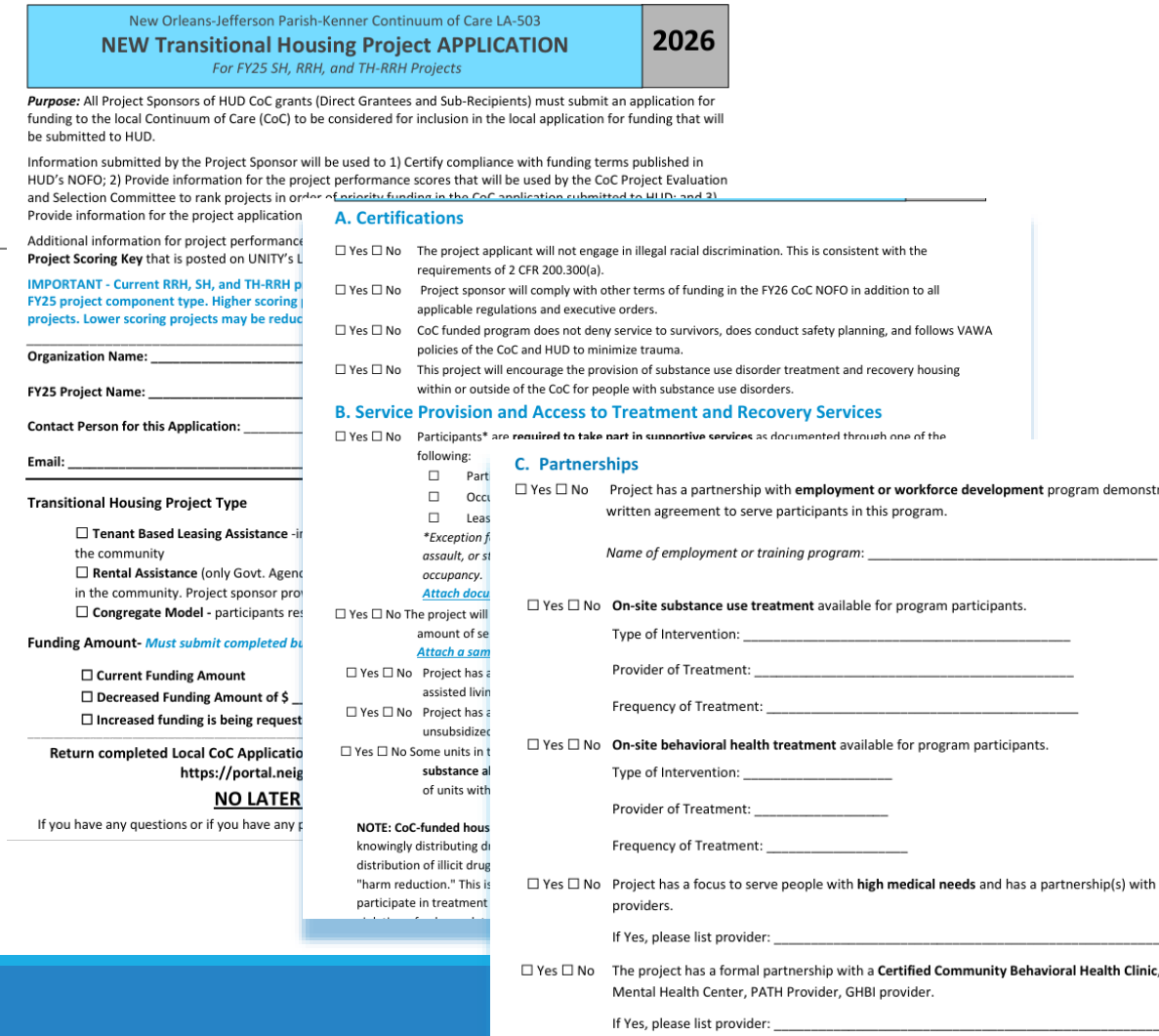



**On the Submit page, read the statement above, click the certification question, and fill out the remaining sections below. Once finished, click Complete and Submit.**

# Local Application

- Be sure to use the correct application for your project type: PSH, TH, SSO, HMIS
- The local application indicates which attachments you would need to submit for full scoring.
- New Projects for TH and SSO have a brief narrative.
- Must be signed by authorized official.

coc.unitygno.org/current-projects/



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

**NEW Transitional Housing Project APPLICATION** **2026**

*For FY25 SH, RRH, and TH-RRH Projects*

***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

Additional information for project performance

**Project Scoring Key** that is posted on UNITY's L

**IMPORTANT - Current RRH, SH, and TH-RRH p**
**FY25 project component type. Higher scoring p**
**projects. Lower scoring projects may be reduc**

**Organization Name:** _____

**FY25 Project Name:** _____

**Contact Person for this Application:** _____

**Email:** _____

**Transitional Housing Project Type**

☐ **Tenant Based Leasing Assistance** -i
the community
☐ **Rental Assistance** (only Govt. Agenc
in the community. Project sponsor pro
☐ **Congregate Model** - participants re

**Funding Amount-** ***Must submit completed bu***

☐ **Current Funding Amount**
☐ **Decreased Funding Amount of $ _**
☐ **Increased funding is being request**

**Return completed Local CoC Applicatio**
**https://portal.neig**

**NO LATER**

If you have any questions or if you have any p

## 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. Service Provision and Access to Treatment and Recovery Services

☐ Yes ☐ No Participants* are **required to take part in supportive services** as documented through one of the following:

☐ Part
☐ Occu
☐ Leas

**Exception f*
*assault, or st*
*occupancy.*
***Attach docu***

☐ Yes ☐ No The project will
amount of se
***Attach a sam***

☐ Yes ☐ No Project has a
assisted livin

☐ Yes ☐ No Project has a
unsubsidized

☐ Yes ☐ No Some units in t
**substance al**
of units with

**NOTE: CoC-funded hous**
knowingly distributing d
distribution of illicit drug
"harm reduction." This is
participate in treatment

## C. Partnerships

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

*Name of employment or training program*: _____

☐ Yes ☐ No **On-site substance use treatment** available for program participants.

Type of Intervention: _____

Provider of Treatment: _____

Frequency of Treatment: _____

☐ Yes ☐ No **On-site 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
providers.

If Yes, please list provider: _____

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

If Yes, please list provider: _____

# Budget

Budget line items must include short specific descriptions that show monthly allocation and annual total

Example:

- Case Management Supplies
  - Quantity: 12 months
  - Monthly Cost: $150 per month
  - Annual Total: $1,800
- Description must clarify **what the supplies include** (e.g., folders, printing, client materials)
- This level of detail is required for **every line item** in the budget

**Refer to Example of Budget Template

# Indirect Costs and Administrative Costs

**Indirect Costs**

Indirect costs are eligible as part of the supportive, operating or administrative budgets.

Use the de minimus rate, it takes away from paying direct supportive service costs.

You MAY use the de minimus rate towards the 25% required match for supportive and admin.

Although indirect costs do not require submission of back-up documentation, a cost allocation plan must be submitted that indicates which budget costs are indirect to ensure they are not also reimbursed as a direct cost.

**Administrative**

1. General management, oversight, and coordination
2. Training on CoC requirements and attending HUD-sponsored CoC trainings Includes conference attendance if the conferences includes a HUD or TA speaker assigned by HUD.
3. Carrying out environmental reviews

**Direct costs** documented by a work activity record or other standards similar to other budget categories.

A cost allocation plan should be submitted for shared costs.

# Match & Leverage

## What is Match

Recipients or subrecipients must match at least 25% of the total CoC grant funds awarded (excluding leasing funds) with cash or in-kind contributions from other sources.

Match funds must be used for eligible CoC Program costs during the grant term, even if those costs are not included in the grant's budget line items.

## What is Leverage

Leverage is the non-match cash or non-match in-kind resources committed to the project.

Leverage includes resources in excess of the required 25% percent match for CoC Program funds AND can include resources for the program that are used on costs that are ineligible in the CoC Program.

Leverage funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the recipient or subrecipient.

# Match

**Cash Match – Will be documented in the General Ledger.**

| Type of Source (Government/ Private / Program Income) | Name the Source of the Commitment (Be specific as possible) | Date of Funding Availability | Value of Written Commitment | Use of Matching Funds (eligible HUD activity) |
|---|---|---|---|---|
| Government | Medicaid Billing | 10/01/2027 | $75,000 | Behavioral Health (CPST) |
| Private | Give NOLA Day Fundraiser | 06/1/2027 | $10,000 | Peer Support |
| Private | Individual Donations | 07/1/2027 | $6,000 | Indirect Costs |

**In-Kind Goods and Equipment**

| Name the Source of the Commitment (Be specific as possible) | Date of Commitment | Value of Written Commitment | Use of Matching Funds (eligible HUD activity) |
|---|---|---|---|
| Behavioral Care Center | 07/01/2026 | $12,000 | Behavioral Health Assessment and Treatment |

Subject: Leveraging Healthcare Resources – HUD CoC NOFO 2025

On behalf of _[Healthcare Provider]_, I am pleased to submit this letter to express our commitment to _[Applicant Agency]_ 's Transitional Housing Project which is being submitted to UNITY of Greater New Orleans for the HUD FY25 CoC Funding Competition.

[Healthcare Provider] is dedicated to [list mission of provider or services by healthcare provider]. We are enthusiastic about partnering with [Applicant agency] and the homeless continuum of care to ensure the success of this crucial initiative to reduce barriers to housing and improve self-sufficiency of homeless individuals and families.

Our commitment entails providing services for program participants during the one-year period of the project that expected to begin October 1, 2026. We expect that a total of __[#]__participants will be assisted over this time period.

| Service | Expected number visits per year | Unit or Hourly Value | Total Value of Service |
|---|---|---|---|
| Primary Health visits | 166 | 111.7 | $55,848 |
| Specialty Referrals | As needed | varies | $50,000 (estimated) |
| | | | |
| | | | |
| | | | |
| | | | |

The total value of this commitment for the entire three-year period is: **$205,850**

# Leverage

# Service Plan

**What Every Goal Must Include**

**Attainable & Measurable Goals**

- Clear outcomes the client can realistically achieve

**Action Steps**

- Specific tasks the client will complete to reach the goal

**Responsible Parties**

- Identifies who is accountable (client, case manager, partner agency)

**Timeline**

- Target dates for each step and for full goal completion

**Detailed Documentation**

- Every step must be described thoroughly—no vague or general statements

## HUD's Project Quality Review includes points for projects that:

Assesses service needs of participants.

- Provides individualized services that results in at least 20 hours/week engagement in services, activities or employment. (exceptions for seniors or developmental disability)
- Service plans include:
- Services to be provided
- When and how often services will be provided
- By whom the services will be provided
- Program participant goals
- Strategies for achieving the goals
- Target dates for achievement focused on improved health, housing stability, employment and self-sufficiency.

# Service Plan

## Example

**Goal:** Client secures stable housing

- **Steps:**
  - Complete housing application
  - Attend 2 housing appointments
  - Submit required documents
- **Responsible:** Client + Case Manager
- **Timeline:** 30–60 days
- **Outcome Measure:** Housing secured or application approved

# Participation Agreement

- I will work with my case manager to make a realistic case plan that includes goals and actions that I believe I can achieve. The case plan will entail 20 hours/week of supportive services designed to encourage my stabilization in housing and long term financial and emotional independence, unless I am employed, have a physical disability, or a senior citizen. I understand I must participate in supportive services in order to maintain enrollment in the program and receive the benefits of the program.

The purpose of this Participation Agreement
responsibilities of participants residing in the Agency's Program. Continued participation in the program entails participation in supportive services that are individualized to support your well-being, housing stability, and long-term self-sufficiency.

Please read the following information carefully and ask your case manager if you ha
questions about this agreement.

Terms of Participation

This program is not a permanent housing arrangement, and residency is time-limited

- Participants may reside in the Program for up to __ months, contingent upon adherence to program requirements.
- Participants must meet with their case manager and participate in the service
- Continued participation will be evaluated weekly/biweekly/monthly through ca management sessions and service plan reviews.
- Program participation will be re-evaluated every 30 days and can be extended or terminated depending on compliance with this agreement and program policies.
- Participants will work with their case managers to create an individualized care plan that best meets their needs. Th
revised as circumstances char

Participation in Supportive Services

*As a condition of occupancy, the participant agrees to:*

- Attend Required Case Management Meetings
  - Meet with an assigned case manager weekly/bi-weekly/monthly as designated by the program.
  - Work with case manager to create an Individualized Service and Self Sufficiency Plan
- Engage in Supportive Services

  *All program participants are required to engage in 20 hours per week of individualized supportive services except those who are employed, have a physical disability, or are seniors.*

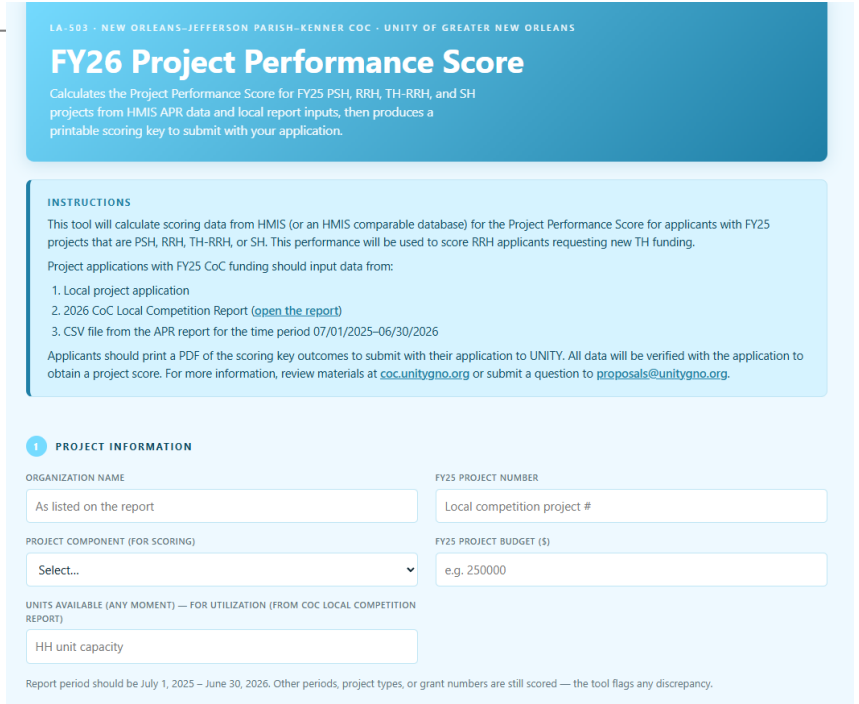
  Participation may include, but is not limited to:
  - Employment readiness or workforce development
  - Behavioral health services

- I may participate in religious activities and can receive assistance from my case manager to connect to a religious community. I will not be required to participate in any religious activities to receive services.
- I will be informed about additional resources available to me, including substance use treatment, recovery support services, and mental health treatment.

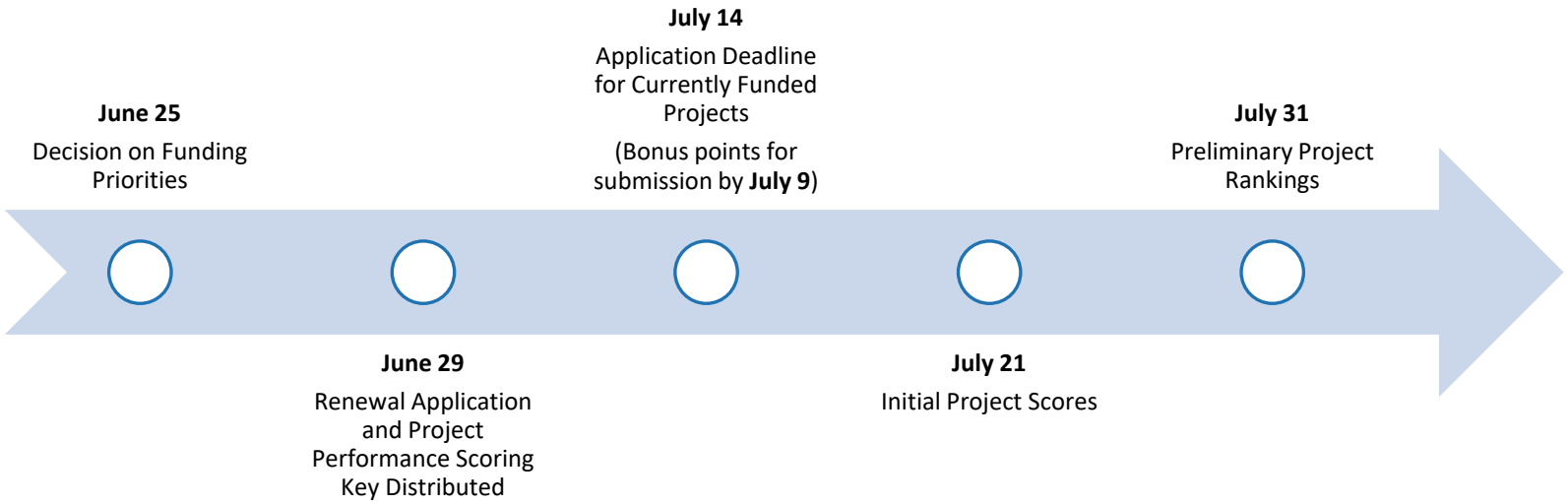
# Project Performance Scoring

We have a scoring tool to calculate project performance directly from the APR.

1) Run the APR report for July 1, 2025-June 30, 2026. Review for accuracy and download the csv file.
2) Data from the CoC Local Competition Report
3) Budget and balance from most recent APR.
4) Partnership information
5) Use the correct tool for the project type. Housing projects vs. SSO (CE and SO)
6) Review the outcome and print to PDF to upload to the application portal.



# Next Steps: Local Application



# Questions?

**Local Competition Website**
UNITY's local CoC Competition website has information and resources for local applications with a competition calendar FAQs, and templates. The site will continue to be updated with information.
**coc.unitygno.org**

**CoC Competition Email:**
**proposals@unitygno.org** will be monitored by our contracts team.

*Kenya Morris-Landry*
Assistant Director of CoC Programs
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*Valerie Coffin*
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You can also contact your contract manager:

*Jonathan Brantner* jbrantner@unitygno.org
*Wash Fields* wfields@unitygno.org
*Alicia Mandolini* amandolini@unitygno.org
*Lorette Ordogne* lordogne@unitygno.org