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: IL-515 - South Central Illinois CoC

1A-2. Collaborative Applicant Name: Embarras River Basin Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Embarras River Basin Agency

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

	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	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Nonexistent	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Nonexistent	
4.	Community Mental Health Center (CMHC)	Yes	0
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	No	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	Yes	0
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	No	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	No	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	1
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	0
20.	Mental Health Service Organization(s)	Yes	0
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	3
24.	Other nonprofit homeless assistance provider(s)	Yes	3
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	0
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Employment Services	Yes	1
47.			

1B-2.	Open Invitation for New Members.	

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)

The South Central Illinois Continuum of Care's invitation process for new members is transparent and inclusive. We issue formal invitations to join the CoC two times per year at our semi-annual public meetings, held in April and October. These public meetings offer free training on relevant topics, and networking opportunities between providers. We publicize the meetings through news media, social media, our website, and mass emails.

At these meetings, we provide an orientation to the CoC and invite every group that may have an interest. Any group can join instantly. We do not charge fees for membership, and there is no waiting period for approval. We also invite persons and groups to join the CoC at any time through a "Join Us!" page on our website (https://scilcoc.org/?page_id=548) and our Facebook page (https://www.facebook.com/South-Central-Illinois-Continuum-of-Care-941081195943042/).

Additionally, the CoC's Executive Committee offers to meet with any prospective CoC members one-on-one to discuss any remaining questions or concerns. We have added 5 members in the past year, including representatives from veteran service organizations, substance use disorder treatment, law enforcement, and elected officials.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

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)

A. Our CoC's transparent process to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting involves a four-part method. (1) Our CoC's Lived Experience Workgroup and Youth Action Board meet monthly to gather input from persons with lived experience. (2) County offices participate in monthly interagency meetings to obtain input from charitable organizations, churches, law enforcement, disability advocates, health care, early childhood programs, and senior centers. (3) Our Coordinated Entry evaluation obtains input from clients. (4) The three Regional Lead Agencies annually survey users. In recent surveys, affordable housing ranked as a high need in every region.

We communicate through semi-annual public CoC meetings and Listening Sessions. Our public meetings offer educational training sessions relevant to homeless providers. The annual Listening Sessions include organizations and individuals that have knowledge of homelessness or interest in preventing and ending homelessness. We designed questions for these sessions from a format used by the US Interagency Council on Homelessness. Participants include individuals with lived experience, school district employees, social service providers, substance use disorder treatment facilities, mental health providers, law enforcement, elected officials and others.

B. The processes described above ensure that we receive input from a large and broad array of persons and organizations. Among these are: persons experiencing homelessness, including youth; nonprofits; faith-based groups; elected officials; senior citizens; police and sheriffs' departments; health care providers; charities; persons with disabilities; educators; behavioral health agencies; and many others.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

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)

A. On June 11, 2026, we opened the process for submitting project applications. We posted a public notice on our website and on social media. The notice included information on the CoC competition as well as what types of new projects were allowed in this competition. Additionally, we shared the information through our extensive listserv email list. Simultaneously, the three regional lead organizations posted the notice to their websites and social media accounts.

We strongly encouraged project applications from entities that have not received CoC funding, including faith-based organizations. We included the following language in all public announcements, postings, and solicitations: “The CoC is open to, and it will accept and consider proposals from organizations, including faith-based organizations, that have not previously received CoC Program Grants. Organizations that have not received CoC funding in the past are encouraged to apply.”

Our notice provided details on how to submit applications, as well as links to the NOFO and to HUD’s helpful websites. The notice contained: types of eligible projects, new and renewal project information and deadlines, and the precise process for submitting proposals. We provided information for a local contact person and offered focused technical assistance for new providers. We also released a CoC competition timeline with all pertinent dates. This was emailed to the full CoC membership and posted on the CoC’s website. We distributed weekly updates to all interested organizations to ensure they were able to meet all deadlines.

The announcements stated that the Monitoring, Review & Ranking Committee would determine which projects are accepted for inclusion in the CoC Application and gave the date when every applicant would be notified of acceptance, rejection, or reduction, as well as the date when final rankings would be publicly posted. The announcement stated that organizations not previously funded must pass a threshold review, and that all projects would be assessed for eligibility with HUD regulations and the NOFO.

B. We were very pleased to receive a proposal from Matthew 25, a faith-based organization that recently opened a transitional housing facility. Our CoC has been providing technical assistance to Matthew 25 on how to apply for federal and state funds. This proposal was accepted and is included in this application.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

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)

The South Central IL CoC continually strives to reduce homelessness and address gaps in the CoC's current homeless system. In the spring of 2026, the CoC completed a detailed Gaps Analysis by reviewing HMIS data, seeking stakeholder feedback both from those with lived experience and service providers, and reviewing the current funding landscape.

In our analysis, we found three major areas to focus our attention on the coming year. For each focus area, our plan provides justification data, presents a multi-prong strategy with quantified performance benchmarks, gives a task timeline, identifies potential funding, and names the person or group responsible. The focus areas are as follows:

1. Increase employment income among adult participants in CoC housing projects. Our goals is to have at least 32% of eligible adults will have income from employment by the end of 2027. Our strategies to address this need are (1) Create a CoC-wide Employment Task Force with partners from workforce agencies, regional lead agencies, and social service providers; (2) Link with WIOA and Individual Placement and Support providers; and (3) Track progress toward goal on a monthly basis.

2. Reduce the number of persons who become homeless for the first time. Our goal is to reduce the monthly inflow to no more than 130 persons by the end of 2027. Our strategies are to (1) Train front-line response staff in intervention and diversion techniques to avert homelessness; and (2) Maintain accurate statistics on homeless diversion and prevention efforts.

3. Strengthen relationships with currently non-funded organizations, especially faith-based organizations. Our goal is to have at least one new agency request HUD funds within one year. Our strategies are: (1) Involve additional non-funded organizations in CoC governance and committees; (2) Make special outreach efforts to identify and reach faith-based groups; (3) Encourage more groups to apply for State funding as a step towards applying for CoC project; and (4) Implement training seminars for non-funded organizations to acquaint them with HUD processes and requirements.

1B-5a	Confirmation of Plan Coverage.

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?	43%

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)

As a rural CoC, South Central Illinois has several substance use treatment options available within the CoC's 18-county geographic area. Hour House, also known as Central East Alcoholism & Drug Council, is our primary substance use treatment provider. Hour House is a community-based, not-for-profit corporation offering services to address substance use disorders and other therapeutic needs. Its main office is located within Coles County, the most populous county in the CoC. Assessment services are available 24 hours per day, 7 days per week on an emergency basis through their Intake/Detox service. Scheduled comprehensive assessments are also available to meet the needs of community and referral agencies within the CoC.

In addition to Intake and Detox services, Hour House offers men's programs, including Adult Outpatient Services, Men's Residential Services, Intensive Outpatient Services, Men's Three-Quarter Recovery Home Services, and a Men's Halfway House. Women's programs include Women's Outpatient Services, Women's Residential Services, Women's Intensive Outpatient Services, Women's Recovery Home, Women's Halfway House Services, and Recovery Home for Women with Children. Adolescent services include Adolescent Outpatient Services. The Hour House also offers Prevention Services, Medication-Assisted Treatment (MAT), DUI Evaluation, Gambling Disorders Treatment Program, Illinois Family Resource Center, Community Outreach Recovery Support (CORS), and Child of Care services.

People we serve can access these services through direct referral from a CoC project to a local CORS Coordinator. Individuals can be referred by their homeless case manager, homeless outreach staff, emergency services, partner agencies, or they can self-refer. Once referred, CORS Coordinators then connect the individual with a Peer Support Specialist and begin to assess the individual's needs and identify appropriate supports. Peer Support Specialists receive formal training to mentor, guide, and encourage others and use their own recovery journey to assist others facing similar substance use and recovery needs. While telehealth options are available, homeless service providers also provide transportation assistance to ensure that individuals throughout the CoC's geographic area have access to services.

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)

Each of our projects has referral arrangements with providers who offer outpatient treatment for mental health and substance use disorders. Because our CoC spans over 200 miles east to west, the actual providers vary depending on their location. This response will detail one such arrangement (Coles County), which is typical of the others.

Coles County is the most populous county among our 18 counties is Coles County, with 12% of the general population and 61% of the homeless population (sources: US Census Bureau, 2026 PIT). Eight of our total 16 housing projects serve Coles County, including 3 of the 7 CoC-funded projects.

Our projects that serve Coles County have referral agreements with LifeLinks for mental health disorders, and with Hour House for substance use disorders.

LifeLinks Mental Health is a certified Community Mental Health Center. It provides crisis intervention, psychiatric evaluation, counseling, medication management, and specialized behavioral health services for adults and youth. Its adult outpatient services include clinical case management, confidential counseling, group work, Individual Placement and Support (IPS), and community support services.

Hour House is an overarching “umbrella” agency for a wide range of addiction services. It offers assessment, outpatient and inpatient treatment and recovery programs along with residential programs with sober living options. It is the treatment party for Drug Courts in Coles and Cumberland counties.

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

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

(limit 2,500 characters)

Our CoC partners with several organizations that utilize peer support and peer recovery techniques to assist persons in treatment and recovery from mental illnesses and substance use disorders. All CoC projects have referral connections to peer support and peer recovery programs.

Both of the organizations cited in the previous response have peer support as one of their guiding principles. LIfeLinks Mental Health bases its Recovery Support Program around peer leadership. It describes the program as “provided by one who has a personal experience of recovery and can provide unique insights to help others in their recovery process.”

Similarly, Hour House relies on peer support throughout a person’s recovery journey. Hour House has two paraprofessional job titles: CPRS (Certified Peer Recovery Specialist) and CRSS (Certified Recovery Support Specialist), both of which must be filled by peers. As implied by the job titles, persons in these positions must undergo a rigorous training and certification process; being in recovery by itself is not sufficient.

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)

There are two ways in which our CoC identifies individuals experiencing serious mental illnesses, and there is one way in which the CoC connects them to needed services.

The CoC identifies individuals experiencing serious mental illness either through (1) self-reporting by the individuals; or (2) observation leading to professional diagnosis.

(1) Self-reporting. During intake and assessment in our Coordinated Entry System, our professional staff sensitively ask persons if they have ever been diagnosed with or treated for anxiety, stress, PTSD, or other mental/emotional conditions. Persons are free not to disclose, but a number of them do so due to the non-stigmatizing way in which our staff inquires.

(2) Observation. At any point in their relationship with the CoC, if individuals display behavior that is consistent with mental illness, our case managers refer them to the mental health partner for a professional assessment and diagnosis. CoC staff are not qualified to make a diagnosis. But they link individuals to the people who are qualified.

We connect individuals with needed services through warm handoffs to mental health professionals. A warm handoff can take various forms, such as transporting the person to a mental health center, or handing the person a phone that has already been connected to the mental health provider and saying, “I’d really like you to talk with my friend, who is a great person and has worked with lots of people just like you.” Once connected, they are offered Assertive Community Treatment and similar models like the LifeLinks Wellness Recovery Action Plan (WRAP).

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 has a partnership with Hour House in east central Illinois. Hour House is the designated drug testing and treatment provider for Drug Courts in Coles and Cumberland County. These counties account for more than three-fifths of the homeless population in our CoC.

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 Drug Courts provide a way for CoC participants who face criminal drug charges to avoid incarceration while entering the road to recovery from their debilitating addictions. To connect persons with Drug Courts, we depend on Hour House. Hour House is a substance use disorder treatment and recovery organization serving a large swath of east central Illinois. Hour House is the designated drug testing and addiction treatment provider for Drug Courts in Coles and Cumberland counties.

The process of admitting a CoC participant into Drug Court normally begins after the CoC project connects the participant with Hour House, and the participant is facing charges for a drug-related criminal infraction. Hour House will notify the participant and the CoC case manager that the participant is a potential candidate for Drug Court. With consent of the participant, Hour House will recommend them for Drug Court, and the application will be considered and acted upon by the Drug Court administrator. Once the person is admitted, Hour House and the CoC project will coordinate and share communication throughout the person's enrollment and subsequent completion.

While the person is in Drug Court, the court will issue periodic instructions (orders) to support recovery. Along with random drug tests, these orders might include applying for employment, pursuing training or education, volunteer work, drug counseling, or other activities. The CoC project will leverage these orders by incorporating them into the individual's service plan and monitoring compliance and progress.

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)

As one example, our CoC partners with LifeLinks Mental Health for crisis services, including 988 and local hotlines, outreach, and crisis stabilization services. LifeLinks serves the majority of our population. Because of our large geographic area, each CoC project partners with the Community Mental Health Clinic that serves its area.

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.	24

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

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

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

(limit 500 characters)

The CoC has a formal partnership with LifeLinks Mental Health. LifeLinks is a Community Mental Health Center (CMHC). It is based in Coles County, where over 60% of the homeless individuals in our CoC are located. LifeLinks's mission is to design and deliver an array of high quality, cost effective, outpatient behavioral health services oriented toward consumer recovery and responsive to the needs of the consumers, their families and the community.

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

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

(limit 500 characters)

Our rural CoC is fortunate to have six sober housing facilities for persons experiencing homelessness. Hour House has three sober housing projects – one for men, one for women, and one for women with children. These are all located in or near Coles County, where more than half of our unhoused population is located. In the central part of our CoC, Oxford House has three sober housing projects – two for men and one for women and children – with a total of 29 beds.

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

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

(limit 2,500 characters)

The CoC coordinates seamlessly with the Drug Courts, Hour House, and LifeLinks Mental Health – the three programs named in questions 1C-1a through 1C-1i.

Although the specifics of each relationship vary, the pattern for all three is the same and follows these three basic principles:

1. Coordination occurs at all levels, from individual case management to the governing board. At the individual level, direct-service level project staff (e.g., case managers, housing advocates) conduct initial assessments to determine if connecting a participant to one of these behavioral health programs is appropriate. If so, they make a warm handoff. At the governing level, these behavioral health programs are represented in our Board of Directors and its committees. They help determine policies and practices.

2. All coordination is person-centered and trauma-informed. All coordination is guided by the question, “What is in the participant’s best interest?” This is illustrated by the fact that our CoC continually trains all direct-service level staff in trauma awareness and reinforces this training with regular exercises at our semiannual meetings. Thus, CoC staff can mesh easily with behavioral health care providers; we understand their environment.

3. All coordination is truly collaborative. Our project staff members do not merely “hand off” their participants to providers – they work side by side with providers throughout each client’s journey to recovery. Joint case conferencing is common so that the CoC project can support the participants as they move to healthier outcomes, increased self-reliance, and accepting personal responsibility for their actions and inactions.

1C-2.	Supportive Services Investment.		

	Number
1. Enter your CoC’s FY 2026 Annual Renewal Demand (ARD).	$1,627,881
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.	$875,987

3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	54%
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.	$652,169
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).	94%

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)

In the South Central IL CoC's 18-county region, there is no dedicated local ESG allocation. The State of Illinois serves as the ESG recipient and the CoC's providers receive ESG funding as sub-recipients.

Our CoC has an established relationship with the State's ESG program staff and regularly provides feedback. Our CoC implemented a Ranking System for its ESG projects several years before it was required by the State. In the spring of 2026, the State put together a workgroup to provide guidance on a new ESG Ranking and Rating Guide. Our CoC was invited to participate in this work group, and we provided valuable insights on best practices within our rural CoC, specifically regarding evaluating and reporting performance of ESG Program subrecipients.

Additionally, in 2026, the State switched its ESG funding mechanism from a single-year cycle to a three-year cycle. CoC representatives attended all strategy discussions and provided additional feedback via email.

The CoC consults annually with the State of Illinois (as the ESG Program Recipient) to provide feedback during the proposed planning and allocation of ESG Program funds through emails and monthly virtual meetings. We provided input on our CoC's allocation methodology, identified community needs, and ranking and rating criteria. We provide Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within our geographic area, ensuring that local homelessness information is communicated and addressed in any Consolidated Plan updates. Going forward, the CoC will continue to participate in State-led ESG planning discussions, workgroups, funding-cycle discussions and other opportunities for stakeholder feedback.

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)

We have close connections with all shelter providers in the CoC to link individual and families with CoC assistance. We have two physical shelters in the CoC – both in Coles County – and three providers of emergency vouchers in hotels and motels. Both shelter providers and all three voucher providers are parts of the CoC, and their leaders are active members of the CoC Board of Directors. The CoC conducts intakes and assessments of all shelter users. The assessment process automatically connects the users with all available CoC assistance – assistance with urgent needs, preliminary eligibility determinations for assistance programs, and prioritization for housing assistance.

Our Coordinated Entry System (CES) is integrated with shelter and voucher operations to ensure that shelter and voucher users are quickly assessed and offered CoC assistance. CES workers go to The Haven (a shelter for families and individuals) twice a week to meet new clients, conduct intakes and assessments, and arrange for housing assistance. The other shelter is a domestic violence shelter operated by HOPE of East Central Illinois, and Hope advocates conduct on-site intakes and assessments within 24 hours of entry into the shelter. In this manner, every person who is in a physical shelter is connected with CoC assistance within one day (at the DV shelter) and one week (at the shelter).

The three agencies that provides emergency vouchers are the three regional lead agencies for the CoC. Each of them manages the CES in their respective region. These agencies assess Individuals and families who are housed using vouchers very promptly, either immediately before going to the hotel or motel, or the next morning.

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 South Central Illinois CoC has a long history of sharing its PIT, HIC, HMIS, and System Performance data, with state and local government partners, as permitted by law, to inform the homeless response system. Annually, the CoC sends its HIC, PIT, and SPM information directly to the Illinois Housing Development Authority (IHDA), to help inform the State's Consolidated Plan.

As part of the Illinois Homelessness Response Collaborative, the South Central IL CoC shares the results of our annual PIT and HIC reports with the Illinois Office to Prevent and End Homelessness (IOPEH). IOPEH uses PIT data, along with the American Community Survey data, to calculate homelessness prevalence for each Illinois CoC. HIC data provides insight into the geographic distribution of homelessness support programs across the state, informing State planning. The CoC also contributes monthly HMIS data to a statewide dashboard. All data shared with the State of Illinois is aggregated and de-identified.

Additionally, the CoC updated its HMIS Privacy Notice and Release of Information Authorization in January 2026 due to feedback that we received from frontline workers and program participants. In addition to the actual privacy notice, we now include a one-page informational sheet detailing what information they are consenting to have collected and shared, how the data will be used within the HMIS system, how the data is protected, and how the program participant will benefit from providing the requested information and sharing it with other agencies. All program participants are given a physical copy to review and take with them.

Program participants have control over what information they provide and who that data is shared with. Additionally, program participants may withdraw their authorization at any time by submitting a written request to the organization.

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

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

(limit 2,500 characters)

The IL-515 CoC utilizes several other data sources alongside HMIS to improve care for program participants. As an active participant in the Illinois Homeless Response Collaborative (IHRC), the CoC participates in additional monthly data collections and submissions. This customized database include analytics regarding active households, specific household types, and inflow and outflow details. These reports are extremely useful to the CoC and its healthcare partners in assessing the immediate causes of homelessness and outcome trends.

The CoC participated in the Illinois Department of Public Health's (IDPH) Illinois Homelessness Mortality and Morbidity study. According to the state's webpage, "These reports utilize death records and hospitalization data to examine the effects of being unhoused or in unstable housing has on health," and were created after "recognizing a need to understand better the state of health of people experiencing homelessness to inform strategies to improve the population's health." Our participation included contributing data to a groundbreaking study that analyzed mortality rates among unhoused populations.

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)

Our CoC has a unique partnership with workforce development. In 2024 we were selected by the State for an innovative workforce grant. This grant partnered homeless service providers with two local WIOA administrators: LWIA 23 and LWIA 21. This partnership created a "care team" for those in emergency shelter or RRH, ensuring consistent cross-sector case conferencing and communication to allow for the best outcomes for sustainable employment and housing.

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)

Pertinent to metric 7a.1 (Successful Exits from Street Outreach), our CoC does not have a Street Outreach project, and therefore there is no data to use. The competition report shows all zero values.

Nevertheless, the CoC's outreach units cooperate with local and state law enforcement and first responders to increase engagement of unhoused individuals with the Coc and its array of housing and service offerings. As described elsewhere, our CoC covers a very rural area of downstate Illinois. Our primary outreach efforts consist of full-time staff persons in 19 outreach offices – one in each of our 18 counties and an additional office in Mattoon, Illinois, the largest municipality.

Local law enforcement in our area consists of small police departments and county sheriff departments, in addition to conservation officers. Other first responders consist of volunteer fire departments and ambulance services that can be widely scattered due to the low population density.

In this type of environment, workers in these offices are familiar with local law enforcement personnel because their work naturally intersects. In most towns, the outreach staff knows the local police officers on a first-name basis, and the officers know the outreach staff as their neighbors and friends.

As an example of interactions, when a local sheriff's deputy or conservation officer discovers a family camping in secluded woods, they are likely to call or drive to the nearest CoC office and inform the worker(s) of the encampment. The CoC outreach worker will then work with the individuals in the encampment to link them with 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)

Over the past two years, the South Central Illinois CoC has strengthened its efforts in the area of families and family reunification. This is the result of our leadership in a Youth Homelessness System Improvement (YHSI) project spanning two Illinois CoCs. One of our principal partners in this YHSI project is Webster Cantrell Youth Advocacy (WCYA). WYCA has a strong emphasis on reunification, helping families build the skills and support they need so children can safely remain in or return to their homes. One strategy WCYA uses to support reunification, and preservation is Intact Family Services, which helps families address safety concerns and strengthen parenting skills so children can safely stay with or return to their families.

In addition, the Illinois Department of Children and Family Services, another YHSI partner agency, works with our CoC to support reunification. DCFS prioritizes family reunification and preservation by providing ongoing, individualized support to families based on their specific needs. Intact Family Services staff work closely with families through weekly or biweekly home visits to monitor progress, provide guidance, and help strengthen family relationships. ERBA, the CoC's Collaborative Applicant, also has contracted with DCFS to provide housing search assistance through the DCFS Norman Program for families who are working towards reunification.

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?	No	

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 South Central Illinois CoC (SCILCoC) works jointly with local first responders to advance each of the four stated objectives in this item. Details for each objective are provided in responses to 1C-10a through 1C-10d on the following pages. They are summarized here:

Clearing Tents and Encampments. Local laws vary across our 18 counties. Some jurisdictions do not regulate encampments – mostly because they do not have this problem. Where jurisdictions have ordinances, the CoC works with and help them enforce local ordinances. These policies have not been restrictive because local officers enforce them sensitively and humanely.

Decreasing the Public Use of Illicit Drugs. Few municipalities have local laws regarding illicit drugs. Almost all of them defer to the State of Illinois criminal code. In general, these state laws and local policies are helpful in connecting individuals who use illicit drugs in public with appropriate services. When public use of illicit drugs is done by individuals who are unhoused, local law enforcement can contact the nearest CoC outreach office or a qualified substance abuse agency. The CoC or the agency can then reach out to the individual and connect them to addiction treatment and recovery services.

Addressing Dangers to Self or Others. The frequency of episodes where an individual needed intervention to prevent harm to self or others increased during the Covid epidemic and has stayed high, according to law enforcement leaders. When law enforcement encounters an individual who presents a potential danger to themselves or to others, they detain the person and transport them (or arrange for ambulance transportation) to the nearest hospital emergency department.

Sex Offender Registry. The South Central Illinois CoC complies completely with the Sex Offender Registry and Notification Act (SORNA). We have a standardized Coordinated Entry intake process that includes a check of sex offender registries. This provides a critical layer of safety for other participants as well as staff personnel. It also assures that we do not refer anyone to housing for which they are not eligible.

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)

Laws, Policies, and Practices. Local laws vary across our 18 counties. Some jurisdictions do not regulate encampments – mostly because they do not have this problem.

Many of those that do regulate have ordinances similar to the one in force in the City of Effingham, Illinois (used here as an example). Effingham prohibits sleeping or camping on all publicly owned property, and prohibits sleeping inside a vehicle parked on public property for more than two hours between midnight and 6:00 a.m. These rules do not apply to authorized private land, designated commercial campgrounds, or private property when properly permitted.

Plan. The CoC works with jurisdictions to help them enforce local ordinances. In our experience, these policies have not been restrictive because local officers enforce them sensitively and humanely. We are not aware of any instance when local police, acting without warning, simply cleared an encampment and destroyed personal belongings. In some instances, the police department determines that the people are not causing a problem and allows them to remain. In other instances, the officer introduces themselves and explains the ordinance, and the individuals move along or come to the CoC outreach office.

Data. We are aware of only two current encampments in our large geographic area. Both of them are in Coles County and they have a total of 13 persons. Law enforcement agencies have allowed them to remain in place.

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 only two encampments in the CoC's vast 18-county geographic region because of our expeditious and robust strategy to move homeless individuals into temporary housing. Due to the CoC's rural nature, it is difficult to conduct continuous street outreach. However, we perform outreach through 19 Outreach Offices across the CoC's 18 counties. Each of these Outreach Offices is staffed with knowledgeable outreach workers who are well-connected in the community. Often, local first responders or businesses inform our outreach team of identify homeless individuals, and we dispatch a worker to offer immediate assistance.

While there are only two physical homeless shelters in the CoC's geographic area, two of the CoC's largest homeless providers manage hotel voucher programs which house individuals and families quickly in local hotels. Whenever we locate an encampment, the closest regional lead agency sends an outreach team to complete participant intakes and work with individuals and families on immediate solutions.

The most recent large encampment was located near Vandalia, Illinois, under an overpass on an interstate highway. The Illinois Department of Transportation located the encampment as they were working on a construction project and immediately notified CEFS, our Central Region Regional Lead Agency. CEFS Homeless Staff worked with local hotels and motels to secure immediate temporary housing for all individuals located to safely remove them from the site.

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)

Laws, Policies, and Practices. Few municipalities have local laws regarding illicit drugs. Almost all of them defer to the State of Illinois criminal code, which prohibits sale, possession, and use of illicit substances like methamphetamine, fentanyl, MDMA, and cocaine. In our CoC, local law enforcement officers and Illinois State Police enforce these state laws. In addition, some jurisdictions such as Effingham have enacted ordinances that prohibit local retailers from selling synthesized pseudo-opioids such as kratom products and concentrated 7-hydroxymitragynine (7-OH).

In general, these state laws and local policies are helpful in connecting individuals who use illicit drugs in public with appropriate services. Because the public use of illicit drugs is rare (see response to item 1C-10d), the CoC and its affiliated organizations have limited experience in this field. However, they have not seen that the current laws, policies, and practices have any harmful or restrictive effects.

Plan. The CoC can leverage these laws to the benefit of unhoused people. We have full-time staffed outreach offices in each of our 18 counties, plus an additional one in Mattoon, the largest city. When public use of illicit drugs is done by individuals who are unhoused, local law enforcement can contact the nearest CoC outreach office or a qualified substance abuse agency, regardless of whether they make an arrest. The CoC or the agency can then reach out to the individual and connect them to addiction treatment and recovery services.

Data. As described in the response to 1C-10d, the public use of illicit drugs is rare in our rural CoC.

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)

According to law enforcement leaders, the public use of illicit drugs is not common in our CoC. "It's not really a problem here," said one local police chief. Individuals who use illicit drugs do not use the drugs in public spaces. In general, when local police encounter use of illicit drugs, it is when a person is experiencing an overdose after using a drug in a private location.

In terms of the types of illicit drugs that are prevalent, law enforcement personnel are seeing a recent uptick in the use of methamphetamines after their use had declined for a number of years. Opioids also continue to be a source of overdoses.

It is also noteworthy that when local law enforcement leaders encounter illicit drug use, it is almost always by persons who are not homeless.

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)

Laws, Policies, and Practices. When law enforcement encounters an individual who presents a potential danger to themselves or to others, they detain the person and transport them (or arrange for ambulance transportation) to the nearest hospital emergency department.

At the hospital, they offer voluntary admission as an alternative to involuntary commitment. Often the individual accepts this offer, as they perceive it in their best interest to cooperate. If they decline this offer and continue to exhibit dangerous behavior, the hospital will conduct an involuntary commitment. The largest hospital in our CoC, Sarah Bush Lincoln Health Center in Mattoon, has a locked behavioral health wing. It is difficult to place persons in behavioral health units elsewhere.

Plan. The current policies and practices are entirely beneficial and have no harmful or restrictive impacts.

Data. The frequency of episodes where an individual needed intervention to prevent harm to self or others increased during the Covid epidemic and has stayed high, according to law enforcement leaders. They are noticing schizophrenia, hallucinations, and dissociative personality disorders. Some episodes are drug induced, and it is difficult to sort out drug episodes from ones that are solely mental health episodes without toxicological testing. Asked what percentage of dangerous behavioral episodes involved individuals who were experiencing homelessness, a local police chief said, “Near zero.”

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

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

(limit 2,500 characters)

The South Central Illinois CoC complies completely with the Sex Offender Registry and Notification Act (SORNA). We have a standardized Coordinated Entry intake process that includes a check of sex offender registries. This provides a critical layer of safety for other participants as well as staff personnel. It also assures that we do not refer anyone to housing for which they are not eligible.

The CoC also shares information with registries. Because state and national registries are not always complete, county sheriff's departments maintain registries of known sex offenders and their locations, and verify them annually. These registries are shared with and used by the CoC as well as law enforcement and probation and parole officers.

In 2016 the U.S. Department of Justice "acknowledge[d] the State of Illinois for the work that has gone into its effort to substantially implement SORNA." Illinois has taken several specific legislative and administrative steps toward SORNA implementation:

Registry Overhaul (Public Act 97-578): Passed to shift Illinois toward a more conviction-based model and eliminate statute of limitation defenses for specific sex crimes, bringing the state closer to SORNA's framework.

Expanded Data Tracking: The state upgraded software, computers, and scanners using federal reallocation funds to track biometric data (finger and palm prints) and DNA to meet federal information-sharing guidelines.

Enhanced Law Enforcement Coordination: Illinois has utilized grant funds to maintain and develop updated record management systems that streamline the registration process across local and national databases, and has committed to follow all federal requirements.

According to the Sex Offender Registration and Notification Act (SORNA) State and Territory Implementation Progress Check of May 22, 2025, only 22 states are substantially compliant with SORNA, while 28 are not. Illinois is in the latter group and complies with more sections than many other states but compares most closely in terms of compliance with Montana, Texas, Utah, and West Virginia, among others.

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)

Our CoC's strategy to reach out to all individuals and families experiencing homelessness across our vast 18-county geographic area involves tailoring our efforts to identify groups who are not otherwise engaged in services including unsheltered persons, people living in vehicles, rural households in isolated areas, youth, persons with disabilities, and people who may have distrust or have been historically disconnected from service systems.

We have adopted three complementary action steps to address these barriers:

(i) The first is maintaining constant and open communication with hotel and motel operators; in our rural area, they are often the first point of contact for households at extreme risk. They serve in two ways: identifying households at immediate risk of homelessness, and providing short-term lodging in emergencies.

(ii) The second is strategically using state-funded prevention and diversion funding to keep households from ever entering the homeless system. We use these funds, which can be disbursed quickly, to pay back rent and utilities and arrange for short-term lodging.

(iii) The third step is carefully tracking inquiries to CE which are prevented or diverted from entering the system (and are therefore not reported or tracked in HDX 2.0). We track these households for 90 days after we render assistance. We find that over 98% avoid becoming literally homeless.

We operate a robust street outreach system to identify and engage individuals and families experiencing homelessness throughout the region and to link them promptly to CE, emergency lodging, and an array of services. Our CoC has outreach offices in all 18 counties. Each office is physically staffed, and the workers have strong relations with local systems to identify and engage persons experiencing homelessness; these systems include government, hospitals and outpatient clinics, schools, law enforcement, faith institutions, social services, and informal community networks. We enter persons identified through street outreach in our HMIS system with their consent.

We conduct outreach on a daily basis. Our outreach offices are open full-time, five days a week. All offices are accessible, and all materials are available in adaptive formats for persons with disabilities. Staff respond to reports of homelessness by personally visiting reported locations to verify the situation, conduct engagement, and connect individuals and families with appropriate resources.

1C-12.	**Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.**	

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)	No
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.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

Our policies and procedures guide this work. Our Program Standards Policy Manual states as follows:

“SCICoC homeless projects serving families with children of preschool and school age must inform individuals and families who become homeless of their eligibility for educational services.”

“SCICoC providers must collaborate with Local Education Agencies, (LEAs), principally through the McKinney Vento Act Local Education Liaisons (Local Liaisons), for the coordinated and continued identification of persons eligible for both homeless and educational services, and the continued effort in the provision of services.”

We make individuals and families aware of their rights to education upon their first contact with the CoC. Our policy states:

“Each Coordinated Entry point must maintain a current listing of all local education providers, including Head Start early childhood programs, public school districts, special education districts, and community colleges.”

“Whenever a family with children ages 3-18 seeks homeless services or housing, the provider must inquire as to school enrollment and ensure that the family is informed of all educational programs for which the children may be eligible, including free or reduced-cost meals and transportation.”

“The provider must coordinate with the family and educational institutions to ensure that education is disrupted as little as possible; for example, children should remain in their original school when possible and safe.”

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)

Our CoC works with the Illinois Department of Children and Family Services (DCFS) and licensed DCFS providers to protect youth who are transitioning from public care from becoming homeless. Because of our successful YHSI (Youth Homelessness System Improvement) initiative, our CoC is now able to identify and serve system-involved youth and young adults.

During our YHSI implementation period we hosted two well-attended regional conferences that brought together youth with lived experience along with the child welfare system, juvenile justice system, education providers, and the CoC homelessness system.

At these conferences, we formed small groups of persons from various geographical divisions across disciplinary lines. These small groups designed plans to improve the youth systems and prevent young individual becoming homeless as they “age out” of public care. Child welfare and juvenile justice professionals formed improved working partnerships with the Youth Community.

These existing partnerships enable our CoC to seamlessly identify and service system-involved youth as they approach age 18 and the termination of public care systems. The groundwork has now been laid. Additionally, ERBA, the lead agency of the IL-515 CoC, has recently become a DCFS Norman grantee. This allows the CoC to access additional supports for families working towards reunification and youth who are transitioning from public care systems.

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)

While our CoC does not have any specific RHY-funded providers or grants in the CoC, we did apply for and were awarded the first round of the Youth Homelessness Systems Improvement grant. This grant has allowed us to map our youth system, locate the gaps in our system, and plan for the future on how best to serve runaway and homeless youth. We have since also applied for the Youth Homelessness Demonstration Program and are awaiting word to see if our project was awarded.

Additionally, there are several faith-based maternity programs such as Saint Hedwig’s Haus of Hospitality, a Christian community home run by Catholic workers, that provides bedrooms specifically for mothers with children (as well as single women) who need a supportive environment to get back on track, and the Crisis Pregnancy Center of Eastern Illinois, which provides practical assistance for unplanned pregnancies.

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)

In the IL-515 South Central IL CoC, there are several projects that serve youth and families. One of these projects, CEFS's HUD-funded Rapid Rehousing project, is the largest project serving primarily families with children experiencing homelessness. Between 8/1/25-7/31/26, this project served 26 families with a total of 91 individuals.

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)

The project cited in 1C-13 provides a comprehensive range of supportive services focused on increasing participants' income and ability to sustain housing. CEFS, the project grantee, is also the Local WIOA administrator, allowing RRH participants to access a broad array of workforce development services. These services include soft-skills training such as resume writing, job-search development, interviewing skills, understanding employer expectations, and career exploration; classroom training; paid work experience; and on-the-job training.

CEFS also provides supportive services designed to remove barriers that can prevent participants from obtaining or maintaining employment. These services include transportation, childcare, and employment-related supports such as tools, books, tablets or laptops, appropriate clothing and shoes, food assistance, rent and utility assistance, and internet access.

Since 2024, this project has participated in an innovative state-funded JTED pilot program that strengthens the connection between homeless services and workforce development. The program creates an interdisciplinary team of professionals, both homeless service staff and workforce development staff, who work together through shared case conferencing to address participants' housing, employment, and stabilization needs. The program has been particularly successful among participants in this project. Our collaborative approach allows staff to identify employment goals and barriers, connect participants with appropriate workforce resources, and coordinate services to increase income and promote long-term housing stability.

CEFS connects project participants with other resources, including CSBG, Literacy, and CSBG scholarship programs. These programs provide additional opportunities for education, skill development, and post-secondary advancement that can lead to improved employment opportunities, higher wages, and access to jobs with better benefits. Together, these workforce, education, and supportive services create a comprehensive pathway from housing stabilization to increased income and, ultimately, the ability to independently pay rent and maintain permanent housing.

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)

The project cited in 1C-13 leverages funding from mainstream family service systems such as Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), to supplement all housing program assistance and help households achieve and maintain housing stability. As the project applicant, CEFS has established over 200 partnership agreements and formal linkages throughout its seven-county area, including partnerships with Illinois Department of Human Services' Family Community Resource Centers, homeless shelters, mental health providers, Catholic Charities, veterans' groups, and housing authorities. These partnerships provide program participants with access to a broad range of mainstream benefits and supportive services.

At intake, our advocates assess each household for additional mainstream benefits and services for which they may be eligible. We promptly connect participants who are not currently receiving TANF, SNAP, or other applicable mainstream benefits to the appropriate service system and assist them in gathering required documentation, and submitting applications. Our housing counselors maintain direct relationships with local assistance offices. This facilitates referrals, communication, and follow-up when additional documentation or assistance is needed.

CEFS Housing Counselors work with participants throughout their enrollment in the project to help them maintain eligibility and compliance with mainstream benefit programs. By connecting households to TANF, SNAP, and other mainstream resources, the project leverages non-HUD resources to increase household income and/or reduce household expenses, allowing participants to better afford rent and other basic needs and strengthening their ability to remain stably housed after exiting the program.

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 project cited in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education by utilizing several partnerships. The Family Resource Center, located in Effingham, Illinois helps program participants find affordable, quality child care and supports professional development for child care providers. The agency administers the Child Care Assistance Program (CCAP) which subsidizes childcare costs based on income.

Representatives from the CCAP program attended and presented at the CoC's Youth Homelessness Conference in April 2026, sharing information about their services and how to directly refer program participants to their program. The Family Resource Center also provides parenting and pregnancy-related support by providing focused trainings, including providing information on the DCFS Partnering with Parents program.

The project applicant, CEFS, administers the Head Start 0-5 Program. It provides free child healthcare and education supports to all project participants. Head Start offers preschool sessions four times a week along with weekly educational home visits, health checks and screenings for vision, hearing, speech, language, and overall development, and family support including delivering healthy meals, snacks, and transportation assistance for all project participants.

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 South Central Illinois CoC partners with the Supportive Services for Veterans Families (SSVF) and the Veterans Affairs (VA) to aid and serve veterans, servicemembers, dependents, and survivors. There is also a Veterans representative from the SSVF on the CoC's Board who provides input on issues directly relating to veterans. If desired, veterans who enter coordinated entry are referred to both resources.

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)

HOPE of East Central Illinois, a domestic violence victim service provider, is a CoC grantee and a leading member of the CoC. HOPE's Executive Director serves as Secretary of our CoC Board of Directors. HOPE sponsors an ESG-funded shelter and a CoC-funded joint transitional and rapid rehousing project. HOPE's services include Services include shelter, transitional housing, legal advocacy, counseling, referrals, a 24-hour crisis line, children's services and public education.

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)

Relationships with local probation officers have been one of the most effective strategies in preventing homelessness among people transitioning from prisons, jails, or other court-ordered programs. For example, Cumberland County Probation Department officers contact Homeless Case Managers directly to alert them when probationers are struggling with housing insecurity, and the Case Managers then directly link them with prevention services to maintain their housing.

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)

To provide specialized supportive services for homeless individuals, our CoC has a documented relationship with Effingham Prompt Care, a Primary and Concierge Care Clinic in Effingham, IL. We created this partnership to coordinate and meet the medical needs of program participants, especially for those homeless individuals with a high level of medical needs. The office also provides focused referrals to specialists when required.

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)

Our CoC works with long-term residential care facilities to ensure that individuals with long-term disabilities that prevent independent living are connected to appropriate housing and ongoing services. All three of our regional lead agencies operate senior services departments and have staffed senior centers located throughout the CoC. These agencies partner with respite and care facilities.

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)

In the IL-515 CoC, all households experiencing chronic homelessness are prioritized based off of the scoring of our prioritization tool. However, there is one project in particular that mainly serves those with disabilities who are experiencing chronic homelessness. ERBA’s Special NOFO PSH project provides intensive case management, focused advocacy, and individualized supportive services customized to each household’s needs.

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)

In designing the project cited in 1C-19 for HUD's Special NOFO for Rural Homelessness, ERBA partnered with LifeLinks, Inc. LifeLinks is a not for profit agency designed to deliver an array of high quality, cost effective, outpatient behavioral health services oriented toward consumer recovery and responsive to the needs of the consumers, their families and the community.

According to the agency's website, "LifeLinks offers adult outpatient services for those adults who need full-range confidential counseling for adult emotional problems. For adults with serious and persistent mental illness (bipolar disorder, major depression, or schizophrenia) community support services are available. Community Support Services include clinical case management, Connections, a place that offers connectedness, skill enhancement, constructive use of leisure time, skill building, peer support and a sense of belonging for adults living with a mental health disorder, Individual Placement and Support (IPS), Recovery Support Services, Wellness Recovery Action Plan (WRAP), and First.IL LifeLinks, a specialized treatment program that helps an individual experiencing a first episode of psychosis.

This partnership provides behavioral health services for all participants within the project described in 1C-19. Housing units within the project are new-build units, completed as part of a supportive housing development in Mattoon, IL. The applicant agency, ERBA, provides services on-site to program participants, either in their homes or in the dedicated office spaces at the complex.

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)

In designing the project identified in 1C-19, ERBA, the grantee reviewed and updated its existing Permanent Supportive Housing policies to ensure a consistent and comprehensive process for assessing program participants' needs for higher levels of care.

In the identified project, ERBA's Special NOFO PSH project, Homeless Case Managers meet in person with program participants at least monthly. Participants who require more intensive support may receive weekly or bi-weekly case management based on their individual needs. This ongoing contact allows Case Managers to monitor changes in participants' functioning and identify when a participant may require services beyond those available through PSH.

At each case management meeting, Homeless Case Managers review individualized self-sufficiency plans with each adult participant, discuss progress toward identified goals, and assess whether the participant's current housing and service arrangement continues to meet their needs. Case Managers document participant progress, identified needs, and interventions in detailed case notes maintained in the HMIS system. When a participant demonstrates a decline in functioning, increasing difficulty managing household responsibilities or activities of daily living, or other indicators that their current level of support may no longer be sufficient, the Case Manager discusses appropriate options with the participant, which may include assisted living, residential treatment, or other higher levels of care.

ERBA has established working relationships with assisted living providers and residential treatment facilities throughout its service area and can make referrals when a higher level of care is identified as appropriate. Homeless Case Managers work with participants to facilitate referrals, coordinate with receiving providers, and advocate for the participant throughout the transition to ensure their identified needs are addressed. The participant remains involved in decisions regarding their care and housing options, consistent with ERBA's individualized person-centered approach.

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)

In designing the project identified in 1C-19, ERBA, the grantee, reviewed and updated its existing Permanent Supportive Housing policies to ensure a consistent and comprehensive process for assessing program participants' readiness for moving on to unsubsidized or other permanent housing.

In ERBA's Special NOFO PSH project, Homeless Case Managers meet in person with program participants at least monthly. This ongoing contact allows Case Managers to monitor changes in participants' circumstances and identify when a participant may be ready to transition to unsubsidized or other permanent housing.

At each case management meeting, Homeless Case Managers review individualized self-sufficiency plans with each adult participant, discuss progress toward identified goals, and assess whether the participant's current housing and service arrangement continues to meet their needs. The assessment considers factors such as housing stability, ability to manage household responsibilities and activities of daily living, progress toward self-sufficiency, income and other resources, and the participant's ability to maintain housing with less financial or supportive service support. Participant progress, identified needs, interventions, and changes in circumstances are documented through detailed HMIS notes.

ERBA connects participants with community resources that support household stabilization and self-sufficiency, including the Child Care Referral Network and Workforce Innovation and Opportunity Act (WIOA) programs. When a participant demonstrates sustained progress and may be ready to transition, the Case Manager discusses appropriate housing options with the participant, which may include public housing, the Statewide Referral Network, or unsubsidized housing through private landlords.

ERBA has established relationships with private landlords and rental companies throughout its service area and assists program participants with identifying housing, completing applications, gathering documentation, and preparing for landlord interviews. Case Managers also help participants address barriers that could affect a successful transition.

The decision to move from PSH is individualized and made collaboratively with the participants based on their circumstances, goals, readiness, and ability to maintain housing. Participants remain actively involved in decisions regarding their housing and services consistent with ERBA's person-centered approach.

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.	

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.	

	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.	09/22/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	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.	09/22/2026

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

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/27/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	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.	08/27/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC's written reallocation process includes provisions for voluntary and involuntary reallocations. Any grantee can voluntarily reallocate an existing project by reducing its renewal request in whole or in part. Involuntary reallocation is based on benchmarks in the monitoring process. Every quarter the Monitoring, Review and Ranking Committee monitors project outcomes. If the monitoring process indicates that a project is low performing, the committee takes the following steps:

(a) The committee sends a letter or email to the grantee noting the specific issue(s) and requesting an explanation. The grantee is responsible for providing a response regarding the noted deficiency and how it is being addressed.

(b) If the deficiency is not corrected by the next quarterly monitoring cycle, or if the grantee fails to respond to the notice, the committee places the project on a corrective action plan and offers to arrange for technical assistance as necessary. The committee will give the project at least 12 months to improve the deficiency.

(c) If the problem is not corrected in the specified timeframe, or if the grantee does not cooperate with the corrective action plan, the committee may decide to reallocate some or all of the grant funds for the project in the next NOFA funding competition cycle.

2. This year we followed HUD's priorities. We viewed this competition as a chance to increase transitional housing opportunities for our clients after many ears when we could not apply for new TH projects. After rating and ranking overall project performance, we identified four projects for full reallocation and three projects for partial reallocation.

3. As a result of the above process, we fully reallocated three projects (two PSH, one RRH, and one Joint TH-PH/RRH), and partially reallocated three projects (two RRH and one PSH).

4. Not applicable

1D-3a.	**Reallocation Between FY 2021 and FY 2026.**	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

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

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	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)

Not applicable - we made no changes to the methodology or data quality in our unsheltered count in 2026.

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)

Encampments are rare in the South Central IL CoC's 18-county geographic area. When encampments have arisen, the CoC has responded at the local level through our extensive network of ground-level outreach resources. All 18 counties and our largest city have Outreach Offices staffed by knowledgeable outreach workers who are well-connected within their communities. Local first responders, businesses, and other community partners notify outreach staff when they become aware of individuals experiencing unsheltered homelessness or residing in an encampment. Outreach workers respond to offer immediate assistance and connect individuals to housing and supportive services.

A recent example occurred near Vandalia, Illinois, where a large encampment was located under an interstate highway overpass. The Illinois Department of Transportation identified the encampment during a construction project and immediately notified CEFS, the Central Region Regional Lead Agency. CEFS Homeless Program staff worked with local hotels and motels to secure immediate temporary housing for all individuals identified at the site. Outreach and housing staff assisted the individuals in leaving the encampment and connecting to temporary housing and available services.

The CoC also works with local jurisdictions to support implementation of encampment ordinances in a manner that prioritizes outreach, communication, and connection to services. In some circumstances, local law enforcement determines that individuals are not creating an immediate public safety or community concern and allows them to remain while outreach and service connections are pursued. In other circumstances, officers introduce themselves, explain the applicable ordinance, and provide individuals an opportunity to leave voluntarily or connect with the local CoC Outreach Office for assistance.

Through this approach, the CoC combines local outreach capacity, community-based identification, rapid access to temporary housing, and coordination with local jurisdictions to reduce the number of people remaining in encampments and prevent encampments from becoming established or expanding.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	5
2. Enter the reduction in the number of encampments during your evaluation period.	3

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	37
2. Enter the reduction in the number of people in encampments during your evaluation period.	13

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable.

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

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

(limit 2,500 characters)

For a decade (FY 2015 to FY 2024), first-time homelessness in SCILCoC steadily increased, dropping only in the Covid period. The trend was sharply upward from 224 persons in FY 2015 to 798 in FY 2024. Simple logic dictates that keeping people from falling into homelessness for the first time is the most effective tool in reducing overall homelessness because it cuts the inflow of persons into the homelessness response system. To this end, for the past two years SCILCoC has directed strong efforts into prevention work. This caused a significant decline of more than 100 persons from FY 2024 to FY 2025. The groundwork has been laid for the continued reduction in this key measure.

We have three strategies:
- Train front-line response staff in intervention and diversion techniques to avert homelessness.
- Maintain accurate statistics on homeless diversion and prevention efforts.
- Continue seeking state and local funding for homeless diversion and prevention.

For goals and objective, the CoC committed to decreasing the number of persons entering homelessness for the first time by an additional 15% by the end of calendar 2027
- By March 31, 2027, no more than 160 persons will have entered homelessness in the prior quarter.
- By June 30, 2027, no more than 150 persons will have entered homelessness in the prior quarter.
- By October 31, 2027, no more than 140 persons will have entered homelessness in the prior quarter t.
- By December 31, 2027, no more than 130 persons will have entered homelessness in the prior quarter.

To accomplish these benchmarks, we will undertake these tasks:
- By October 1, 2026, the Coordinated Entry Committee will track the number and percentage of persons diverted from entering homelessness by front-line CE staff.
- By December 31, 2026:
  - The Coordinated Entry Committee will track the number and percentage of persons diverted from entering homelessness through Homeless Prevention, Shelter Diversion, LIHEAP and similar programs.
  - The FY 2026 SPM report will show a 10% reduction in first-time homelessness.
- By June 30, 2027, the CoC will have conducted annual training of all front-line staff on evidence-based homeless prevention techniques.
- By December 31, 2027, the FY 2027 SPM report will show a further 5% reduction in first-time homelessness.

The Coordinated Entry Committee is responsible for overseeing implementation of this strategy.

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)

Our CoC is committed to reducing the length of time people are homeless. We are implementing a three-pronged strategy to reverse the recent trend which has seen the length of time increasing. To expedite housing in our rural CoC, we have a three-pronged strategy:

(i) A dedicated CoC Case Manager travels to the emergency shelter and meets with each client twice per week to work on housing plans.

(ii) We coordinate with private landlords and work through the State Referral Network to increase the affordable housing inventory.

(iii) The CoC partnered with a local developer to build 25 units of affordable housing in Coles County. Six of the 25 units are dedicated as PSH for persons experiencing homelessness. We also submitted a CoCBuilds application for a complex in Clark County with 10 units set aside for PSH housing. Additionally, the Illinois Department of Human Services (IDHS) provides grants for rapid rehousing and permanent supportive housing units in our rural communities. We have built relationships with private landlords to ensure a large pool of available units, thus reducing the length of time families remain homeless.

We identify and prioritize persons on the by-name wait lists, based on length of time homeless. Our Coordinated Entry policy manual requires that we organize our priority list based on length of homelessness along with other risk factors gleaned from our assessments. As an additional measure, the CE policy provides that supervisors may advance persons who have experienced long periods of homelessness. Nevertheless, the shortage of affordable housing makes it challenging to reduce the length of time homeless in our counties.

The CoC Planning & Assessment Committee is responsible for overseeing this strategy. It meets quarterly and reviews real-time data for System Performance Measure #1 (Length of Time Homeless).

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?	62.74%

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate the data we took the following steps:

1. The HMIS Lead ran a combined Sage APR for all TH, Joint TH/RRH, RRH, and PSH projects (regardless of their funding source) for the period July 1, 2025 to June 30, 2026.

2. The HMIS lead examined item 23c, “Exit Destination - All persons.”

3. The HMIS lead added the responses in the Total column for: (a) Staying or living with family, permanent tenure; (b) Staying or living with friends, permanent tenure (c) Rental by client , no ongoing housing subsidy; and (d) Owned by client, no ongoing housing subsidy.

4. The HMIS lead divided the total from Step 3 by the Total number of persons in item 23c (minus the “Total persons exiting to destinations that excluded them from the calculation” persons) and converted the result to a percentage.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/21/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

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

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	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

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

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	62	25	87	100.00%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	12	25	37	100.00%
4. Rapid Re-Housing (RRH) beds	128	0	128	100.00%
5. Permanent Supportive Housing (PSH) beds	72	72	0	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	100.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	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)

N/A - all bed coverages are at 100%.

3A. Policy Initiatives

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

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

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

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	Yes

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

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	IL-515 List of TH...	09/21/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	IL-515 List of Co...	09/21/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	IL-515 Language f...	09/21/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes		
05. 1D-1. Local Competition Scoring Tool	Yes	IL-515 Local Comp...	09/21/2026

06. 1D-2c. Local Competition Selection Results	Yes	IL-515 Local Comp...	09/21/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	IL-515 FY 2026 HD...	09/19/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	Attachment 8 - IL...	09/22/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: IL-515 List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: IL-515 List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: IL-515 Language from Project Supportive Service Agreements

Attachment Details

Document Description:

Attachment Details

Document Description: IL-515 Local Competition Scoring Tool

Attachment Details

Document Description: IL-515 Local Competition Selection Results

Attachment Details

Document Description: IL-515 FY 2026 HDX Competition Report

Attachment Details

Document Description: Attachment 8 - IL-515 HUD-2996 Certification for OZ Preference

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/22/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/22/2026
1C. Coordination and Engagement	09/22/2026
1D. Project Review/Ranking	09/22/2026
2A. HMIS Implementation	09/22/2026
3A. Policy Initiatives	09/22/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

IL-515 South Central IL CoC

Attachment 01

1C-1 – Treatment and Recovery Services – On-site Substance Use Treatment Availability

N/A – IL-515 is a Rural CoC

IL-515 South Central IL CoC

Attachment 02

1C-1f – List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

List of CoC Program Projects and the Number of Units that Require Substance Abuse Treatment

Existing Projects:

Project Name	# Units	# Units Requiring Substance Abuse Treatment
ERBA Permanent Housing July 1, 2025	**20**	**0**
ERBA Rapid Rehousing February 1, 2025	**16**	**0**
C.E.F.S. HUD PSH	**10**	**10**
C.E.F.S. RRH Combined	**19**	**10**
IVEDC Rapid Rehousing Renewal 2024	**6**	**0**
HOPE Joint TH RRH	**4**	**4**
ERBA Rural Set Aside Permanent Supportive Housing	**6**	**0**
SUBTOTAL	**40**	**24**

Proposed New Projects:

Project Name	# Units	# Units Requiring Substance Abuse Treatment
HOPE DV Bonus Transitional Housing	**8**	**8**
CEFS Transitional Housing w SS	**10**	**10**
ERBA Transitional Housing	**16**	**16**
ERBA New TH (old SNOFO PSH)	**3**	**3**
HOPE Transitional Housing	**8**	**8**
IVEDC Transitional Housing 2025	**3**	**3**
Matthew 25 Transitional Housing	**15**	**15**
SUBTOTAL	**63**	**63**

Total:

	# Units	# Units Requiring Substance Abuse Treatment
ALL PROJECTS	**103**	**87**

IL-515 South Central IL CoC

Attachment 03

1C-3 – Language from Project Supportive Service Agreements

[Provider Name Here] Supportive Service Agreement

I, _____, agree to participate in supportive services as a condition
(Participant Name Printed)
of continued participation in the CoC-funded project, administered by [Provider Name Here], including but not limited to substance abuse treatment or mental health services if required.

_____ _____

Participant Signature Date

_____ _____

Program Staff Signature Date

IL-515 South Central IL CoC

Attachment 05

1D-1. Local Competition Scoring Tool

South Central Illinois CoC (IL-515)
Project Selection and Ranking Tool
Process and Criteria for FY 2026

Contents

ADOPTED JULY 8, 2026

FY 2026 Timeline

The Review and Ranking schedule for the FY 2026 CoC Competition consists of the following deadlines:

- By June 26, Notice of Intent and Threshold Requirements applications are due.
- By July 1, the CoC Monitoring, Review and Ranking Committee will notify all applicants and publicly post the following:
    - Projects accepted for ranking
    - Projects rejected
    - Projects modified
- By July 15, applications for new projects must be entered in e-snaps, and they must be submitted by July 20.
- By July 24, the CoC Monitoring, Review and Ranking Committee will notify all applicants of the final rankings and release the rankings to the CoC and the public.
- The deadline for appeals is 5 calendar days after the release of rankings.

Project Selection Criteria

The CoC's Monitoring, Review, and Ranking Committee (MRR) is using the FY 2026 NOFO as an opportunity to re-balance all CoC-funded projects among Transitional Housing, Permanent Housing, and HMIS/Supportive Services. To that end, the CoC may adjust final rankings to achieve a truly balanced array of projects.

Renewal Project Selection

Renewal projects are selected and accepted for ranking unless:

1. The applicant lacks the capacity to implement the project, as demonstrated by financial instability, criminality, fraud, abuse, and/or lack of responsiveness to findings in audits or monitoring reports.
2. The project has been terminated by action of HUD, the grantee, or the CoC.
3. The project has been eliminated – voluntarily or involuntarily – through the CoC's Reallocation Policy; or
4. The project type or activities proposed are no longer eligible for funding under the terms of the HUD NOFO.

New Project Selection

New projects are selected and accepted for ranking unless:

1. The applicant lacks the capacity to implement the project, as demonstrated by financial instability, criminality, fraud, abuse, and/or lack of responsiveness to findings in audits or monitoring reports.
2. The applicant is ineligible under federal laws and regulations.
3. The activities proposed are ineligible under the provisions of the HUD NOFO.
4. The applicant, if new to CoC and ESG funding, has failed to meet the CoC's Threshold Requirements and submitted required documentation by the deadline:
    a. IRS 501(c)3 documentation or other proof of HUD eligibility
    b. Description of programs and how you measure success
    c. Written references from funders or partner organizations
    d. Letter authorizing submission of application
    e. Most recent financial audit

All projects that are accepted are ranked. MRR may accept and rank projects for a total request that is higher than the maximum funding that is available. In that case, the lowest-ranked projects will not be funded unless HUD rejects a higher-ranked project.

Ranking Principles

The FY 2025 Selection and Ranking system is based completely on objective criteria. It consists of three major factors:

1. **COST EFFECTIVENESS**
1. **PERFORMANCE DATA**
3. **TYPE OF POPULATION**

Victim Service Providers

Restrictions are in place to protect privacy and safety for victims of domestic violence, sexual assault, stalking, dating violence, and human trafficking. These restrictions prohibit victim service providers from entering participant data in the CoC's HMIS database. Therefore, the CoC requires victim service providers to submit de-identified data from a comparable database.

Scoring System

All projects, new and renewal, are scoring on a percentage. The percentage is calculated based on the total points awarded to the project divided by the maximum possible points the project could achieve. If a project cannot be rated in a specific criteria (for example, data is not available), the possible points for that criteria are excluded from the calculation. The MRR committee may place HMIS and SSO projects appropriately based on their impact on the entire CoC.

Renewal Project Rankings

Data Sources. Data is taken from SAGE reports for the 12-month period ending June 30, 2026 unless otherwise noted.

Scoring. Renewal Project scoring criteria and point values are shown below. The table indicates whether each criterion is based on objective data and/or uses System Performance Measures.

1. **COST EFFECTIVENESS (Total of 8 points)**
   - Cost per Participant (4)
   - Cost per Permanent Housing Exit (4)
2. **PERFORMANCE DATA (Total of 21 points)**
   - Employment Income Growth (5)
   - Permanent Housing Placement and Retention (5)
   - Returns to Homelessness (5)
   - Data Quality (3)
   - APR Submission (3)
3. **TYPE OF POPULATION (Total of 11 points)**
   - Level of Need (5)
   - Supportive Service Requirement (6)

Criterion	Point Value	Objective Data	SPM
Cost per Participant	4	4	0
Cost per PH Placement	4	4	0
Employment Income Growth	5	5	5
PH Placement/Retention	5	5	5
Returns to Homelessness	5	5	5
Data Quality	3	3	3
APR Submission	3	3	0
Level of Need	5	5	0
Supportive Service Requirement	6	6	0
TOTAL	**40**	**40 (100%)**	**18 (45%)**

RENEWAL PROJECTS	Maximum Points
FACTOR #1: COST EFFECTIVENESS (8 POINTS)	
A. Cost per Participant HOW MEASURED: Cost to HUD CoC program per average participant. CALCULATION: Divide the total HUD grant cost (from the most recent Grant Award) by the number of participants served in the year ending June 30, 2026 (Q5) [1] SCALE: Projects scoring below 50% of the CoC average cost = 4 points Projects scoring between 50% and 100% of CoC average cost = 2 points Projects scoring above 100% of CoC average cost = 0 points	4
B. Cost per Permanent Housing Exit HOW MEASURED: Cost to HUD CoC program per positive exit. CALCULATION: Divide the total HUD grant cost (from the most recent Grant Award) by the number positive exits in the year ending June 30, 2026 (Q23c) SCALE: Projects scoring below 50% of the CoC average cost = 4 points Projects scoring between 50% and 100% of CoC average cost = 2 points Projects scoring above 100% of CoC average cost = 0 points	4
FACTOR #2: PERFORMANCE DATA (21 POINTS)	
A. Employment Income Growth HOW MEASURED: Percentage of adults who gained or increased income from employment. CALCULATION: From item Q19a1 and Q19a2, Line 1. Number of adults in column 8, divided by total adults assessed (column 7). SCALE: Projects scoring at or above twice the CoC average = 5 points Projects scoring at or above CoC average = 3 points Projects with some growth but scoring below CoC average = 1 point Projects with no growth = 0 points	5
B. Permanent Housing Placement and Retention HOW MEASURED: The percentage of participants remaining in or exiting to permanent housing. CALCULATION: The number of stayers in permanent housing at the end of the year (from item Q5a), plus the number who exited PSH or RRH housing to permanent housing destinations during the year (from Q23c); divided by the total number of persons remaining in or exiting from CoC-assisted housing (Q5a). SCALE: 100% = 5 points 90.9% – 99.9% = 4 points 80.0% – 89.9% = 3 points 70.0% – 79.9% = 2 points 60.0% – 69.9% = 1 point Under 60.0% = 0 points	5

[1] The Q numbers refer to SAGE report items.

RENEWAL PROJECTS	Maximum Points
C. Returns to Homelessness HOW MEASURED: Specialized HMIS reports. CALCULATION: Percentage of returns compared with total exits to PH over 24-month period. SCALE: 0.00% = 5 points 0.01% – 6.99% = 3 points 7.00% to 9.99% = 1 point Over 10.00% = 0 points	5
D. Data Quality HOW MEASURED: Accuracy and completeness of HMIS participant data. CALCULATION: Percentage of errors in HMIS data fields (Q6a excluding column 1, Q6b, Q6c) SCALE: 0.00% error rate = 3 points 0.01% – 0.49% error rate = 2 points 0.50% – 0.99% error rate = 1 point 1.00% and above error rate = 0 points	3
E. APR Submission HOW MEASURED: Verified APR submission date. SCALE: APR submitted within 90 days of project end date = 3 points 91 or more days = 0 points unless the project provides written notification from HMIS vendor of delays in implementation of HUD reporting updates, in which case they are awarded three points.	3

RENEWAL PROJECTS	Maximum Points
FACTOR #3: TYPE OF POPULATION	
A. Level of Need HOW MEASURED: Percentage of participants who entered the project with high barriers. CALCULATION: There are four factors: • At or above average of all projects in percentage of adult participants with more than one condition at entry (Q13a2) • At or above average of all projects in percentage of adult participants who entered project with domestic violence history (Q14a) • At or above average of all projects in percentage of adult participants who entered project from place not meant for human habitation (Q15) • At or above average of all projects in percentage of adult participants with zero income at entry (from item Q16) SCALE: Projects meeting all four factors = 5 points Projects meeting three factors = 4 points Projects meeting two factors = 3 points Projects meeting one factor = 1 points Projects meeting zero factors = 0 points	5
B. Supportive Service Requirement HOW MEASURED: Applicant response to question. SCALE: Requires service participation currently and in future = 6 points Requires service participation only in future = 3 points Does not and will not require service participation = 0 points	6
MAXIMUM TOTAL POINTS	**40**

New Project Rankings

Data Sources. Data is taken from project applications and questionnaires.

Scoring. New Project scoring criteria and point values ae shown below. The table indicates whether each criterion is based on objective data and/or uses System Performance Measures.

1. **COST EFFECTIVENESS (Total of 6 points)**
   - Cost per Participant (6)
2. **PERFORMANCE DATA (Total of 19 points)**
   - Employment Income Growth (8)
   - Permanent Housing Placement and Retention (8)
   - Data Security (3)
3. **TYPE OF POPULATION (Total of 15 points)**
   - Level of Need (3)
   - Domestic Violence (3)
   - Supportive Service Requirement (9)

Criterion	Point Value	Objective Data	SPM
Cost per Participant	6	6	0
Employment Income Growth	8	8	5
PH Placement/Retention	8	8	5
Data Security	3	3	3
Level of Need	3	3	0
Domestic Violence	3	3	0
Supportive Service Requirement	9	9	0
TOTAL	**40**	**40 (100%)**	**13 (36%)**

NEW PROJECTS	Maximum Points
FACTOR #1: COST EFFECTIVENESS (6 POINTS)	
A. Cost per Participant HOW MEASURED: Cost to HUD CoC program per average participant. CALCULATION: Divide the total HUD grant request by the number of projected participants. SCALE: Projects scoring below 50% of the CoC average cost = 6 points Projects scoring between 50% and 100% of CoC average cost = 3 points Projects scoring about 100% of CoC average cost = 0 points	6
FACTOR #2: PERFORMANCE DATA (19 POINTS)	
A. Employment Income Increases HOW MEASURED: Capacity of project to improve participants' income from employment. SCALE: Projects receive up to 6 points for applicant's past performance at increasing participants' employment income: 80% and above increased income from employment = 6 points 50% to 79% increased income from employment = 4 points 30% to 49% increased income from employment = 2 points Under 30% increased income from employment, or no relevant experience = 0 points Projects can receive up to 2 additional points for a plan to increase income from employment including tasks, timeframes, and responsible entities.	8
B. Permanent Housing Placement and Retention HOW MEASURED: Capacity of project to move participants into permanent housing and keep them there. SCALE: Projects receive up to 6 points for applicant's past performance at exiting participants into permanent housing: 80% and above exits to permanent housing = 6 points 50% to 79% exits to permanent housing = 4 points 30% to 49% exits to permanent housing = 2 points Under 30% exits to permanent housing, or no relevant experience = 0 points Projects can receive up to 2 additional points for a plan to increase exits to permanent housing including tasks, timeframes, and responsible entities.	8

NEW PROJECTS	Maximum Points
C. Data Security HOW MEASURED: Security measures to protect participant data. CALCULATION: Completion of HMIS security checklist. SCALE: Follow all 3 core elements plus all 6 advanced elements = 3 points Follow all 3 core elements plus 3-5 advanced elements = 2 points Follow all 3 core elements and 0-2 advanced elements = 1 point Does not follow all 3 core elements = 0 points	3
FACTOR #3: TYPE OF POPULATION (15 POINTS)	
A. Level of Need HOW MEASURED: Percentage of anticipated participants with high barriers. CALCULATION: Serving participants with more than one disability. SCALE: Projects serving 3 or more disability groups = 3 points Projects with 2 disability groups = 2 points Projects with 1 disability group = 1 point Projects with 0 disability groups = 0 points	3
B. Domestic Violence HOW MEASURED: Percentage of anticipated participants fleeing domestic violence. CALCULATION: Percentage of anticipated participants who are fleeing domestic violence (including sexual assault, dating violence, trafficking, and stalking). SCALE: Projects with 100% = 3 points Projects with 60.0% – 99.9% = 2 points Projects with 10.0% – 59.9% = 1 point Projects with under 10.0% = 0 points	3
C. Supportive Service Requirement HOW MEASURED: Applicant response to question. SCALE: Will require service participation = 9 points Will not require service participation = 0 points	9
MAXIMUM TOTAL POINTS	**40**

Tie Breakers

If two or more projects receive the exact same score, the tie(s) will be broken as follows:

- Tiebreaker #1 – **Funds available per person by region**. We compute this as follows: Take the total CoC and ESG funds currently available in each region, and divide it by the PIT count for the region. Projects in the region with the smaller amount of funds available per person win the tie. If projects are still tied because they are in the same region, we will move to Tiebreaker #2.

- Tiebreaker #2 - **Number of participants**. The project serving the greater number of participants (from Project Application) wins the tie. If projects are still tied because they will serve the same number, we will move to Tiebreaker #3.

- Tiebreaker #3 – **Budget**. The project with the higher total budget (from Project Application) wins the tie.

Appeals Process

Applicants wishing to appeal a project's ranking must file a written appeal with the Chair of the Monitoring, Review, and Ranking Committee within 5 calendar days of the Board approval of the rankings. The appeal shall state the reason for the appeal and the action desired by the Applicant to resolve the problem. The Monitoring, Review, and Ranking Committee shall make a ruling on the appeal, and the Committee's ruling shall be final. The Committee shall inform all Applicants and the Board of the final decision as soon as possible.

IL-515 South Central IL CoC

Attachment 06

1D-2C. Local Competition Selection Results

South Central Illinois Continuum of Care (IL-515) Project Listing							
Grantee	**Project Name**	**New/ Renewal**	**Score**	**Project Status**	**Rank (If Accepted)**	**Requested Funding Amount**	**Reallocated Funds**
ERBA	HMIS Bonus	Renewal	NA	Accepted	1	$78,651	$0
C.E.F.S.	HUD Rapid Rehousing	Renewal	66.67%	Reduced-Reallocated	2	$324,107	$81,842
HOPE	TH (Transition)	New[1]	53.57%	Accepted	3	$180,056	$0
ERBA	Permanent Housing July 1, 2026	Renewal	45.45%	Reduced-Reallocated	4	$311,593	$78,682
IVEDC	IVEDC Rapid Rehousing Renewal	Renewal	45.24%	Reduced-Reallocated	5	$82,321	$20,787
HOPE	DV Bonus Transitional Housing	New	79.38%	Accepted	6	$180,056	$0
C.E.F.S.	CEFS Transitional Housing w SS	New	67.50%	Accepted	7	$235,000	$0
ERBA	ERBA Transitional Housing	New	65.00%[2]	Accepted	8	$350,000	$0
ERBA	ERBA New TH (old SNOFO PSH)	New	65.00%	Accepted	9	$94,540	$0
C.E.F.S.	Supportive Service Only	New	57.26%	Accepted	10	$75,000	$0
Matthew 25	Transitional Housing	New	53.75%	Accepted	11	$300,000	$0
IVEDC	IVEDC Transitional Housing 2025	New	52.50%	Accepted	12	$60,000	$0
ERBA	HMIS Expansion	New	NA	Accepted	13	$36,612	$0
C.E.F.S.	HUD PSH	Renewal	NA	Fully Reallocated	NA	$0	$63,910
ERBA	Rapid Rehousing February 1, 2025	Renewal	NA	Fully Reallocated	NA	$0	$265,925
ERBA	ERBA Rural Set Aside Permanent Supportive Housing	Renewal	NA	Fully Reallocated	NA	$0	$94,540
HOPE	HOPE Joint TH RRH	Renewal	NA	Fully Reallocated	NA	$0	$225,523

Please note that HMIS is not scored and that we use different scoring scales for renewals and new projects. This is as specified in our Project Selection and Ranking Criteria.

R=Renewal Project Scale

N=New Project Scale

[1] Scored on renewal scoring scale. This a Joint TH and PH-RRH project that is transitioning to a TH project, and it currently serves a vast majority of its participants in Transitional Housing.

[2] Won tiebreaker.

IL-515 South Central IL CoC

Attachment 07

2A – 8b. FY 2026 HDX Competition Report

2025 HDX Competition Report

2026 Competition Report - Summary

IL-515 - South Central Illinois CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2026 Competition Report - LSA Summary & Usability Status

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☑	☑	☑	☑	☑	☑	☑	N/A	☑
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	327	42.1	22.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	375	50.1	27.0

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	589	274.4	109.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	633	267.1	112.0

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	**Count**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**
Exit was from SO	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from ES	141	11	7.8%	7	5.0%	8	5.7%	26	18.4%
Exit was from TH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	281	5	1.8%	2	0.7%	11	3.9%	18	6.4%
TOTAL Returns to Homelessness	422	16	3.8%	9	2.1%	19	4.5%	44	10.4%

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	377
Emergency Shelter Total	330
Safe Haven Total	0
Transitional Housing Total	55

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	39
Number of adults with increased earned income	1
Percentage of adults who increased earned income	2.6%

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	39
Number of adults with increased non-employment cash income	15
Percentage of adults who increased non-employment cash income	38.5%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	39
Number of adults with increased total income	16
Percentage of adults who increased total income	41.0%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	296
Number of adults who exited with increased earned income	40
Percentage of adults who increased earned income	13.5%

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	296
Number of adults who exited with increased non-employment cash income	22
Percentage of adults who increased non-employment cash income	7.4%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	296
Number of adults who exited with increased total income	58
Percentage of adults who increased total income	19.6%

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	356
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	57
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	299

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	784
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	95
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	689

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	0
Of persons above, those who exited to temporary & some institutional destinations	0
Of the persons above, those who exited to permanent housing destinations	0
% Successful exits	0.0%

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	758
Of the persons above, those who exited to permanent housing destinations	505
% Successful exits	66.6%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	92
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	91
% Successful exits/retention	98.9%

2026 Competition Report - SPM Data

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	337	55	100	705	0
Total Leavers (HMIS)	305	43	23	515	0
Destination of Don't Know, Refused, or Missing (HMIS)	28	10	1	32	0
Destination Error Rate (Calculated)	9.2%	23.3%	4.4%	6.2%	0.0%

2026 Competition Report - SPM Notes

IL-515 - South Central Illinois CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, https://www.hudexchange.info/program-support/my-question/ and choose "HDX" as the topic.

2026 Competition Report - HIC Summary

IL-515 - South Central Illinois CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	87	62	62	0	62	100.0%
SH	0	0	0	0	0	NA
TH	37	12	12	0	12	100.0%
RRH	128	128	128	0	128	100.0%
PSH	72	72	72	0	72	100.0%
OPH	0	0	0	0	0	NA
Total	**324**	**274**	**274**	**0**	**274**	**100.0%**

2026 Competition Report

IL-515 - South Central Illinois C

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	87	25	25	0	25	100.00%
SH	0	0	0	0	0	NA
TH	37	25	25	0	25	100.00%
RRH	128	0	0	0	0	NA
PSH	72	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	**324**	**50**	**50**	**0**	**50**	**100.00%**

2026 Competition Report

IL-515 - South Central Illinois C

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	87	87	87	100.00%
SH	0	0	0	NA
TH	37	37	37	100.00%
RRH	128	128	128	100.00%
PSH	72	72	72	100.00%
OPH	0	0	0	NA
Total	**324**	**324**	**324**	**100.00%**

2026 Competition Report - HIC Summary

IL-515 - South Central Illinois CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher
2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
5) Data included in these tables reflect what was entered into HDX 2.0.
6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2026 Competition Report - PIT Summary

IL-515 - South Central Illinois CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/21/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	133	108	69
Safe Haven Total	0	0	0
Transitional Housing Total	53	37	47
Total Sheltered Count	186	145	116
Total Unsheltered Count	80	79	96
Total Sheltered and Unsheltered Count*	266	224	212

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.
2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	3	2	2
Total Unsheltered Count	10	4	13
Total	13	6	15

IL-515 South Central IL CoC

Attachment 08

3A-1 – HUD-2996 Certification for Opportunity Zone Preference Points

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.
***Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: South Central Illinois Continuum of Care (IL 515)

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

17021958300, 17021958500, 17021958900, 17029000300, 17029000400, 17029000500, 17029000800, 17029001000, 17029001100, 17033880400, 17051950600, 17051951000, 17061973700, 17079977400, 17083010100, 17117956100, 17117956400, 17135957800, 17173959300

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☒ 76% - 100%
- ☐ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The proposed activities described in this application will stimulate economic opportunity, expand housing opportunities, promote workforce development, and expand educational and service opportunities for families residing within the designated Opportunity Zones.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☐ Community Capacity Building
- ☒ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☒ Housing
- ☒ Human Services and Family Support
- ☐ Community Infrastructure
- ☒ Public Safety
- ☒ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure – streets, sidewalks, lighting
- ☐ "Below ground" infrastructure – water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:

**Under penalty of perjury, I certify on behalf of the Applicant that

(1) all information provided on this form is true, complete, and accurate, and

(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and

(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Mr. First Name: Kevin Middle Name:

Last Name: Bushur Suffix:

Title: President

Organization: South Central Illinois Continuum of Care

Signature: KeBushur

Date: September 21, 2026