

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: NJ-500 - Atlantic City & County CoC

1A-2. Collaborative Applicant Name: New Jersey Dept of Community Affairs

1A-3. CoC Designation: CA

1A-4. HMIS Lead: New Jersey Dept of Community Affairs

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

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

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

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

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

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

(limit 2,500 characters)

The Atlantic City and County (ACC) CoC membership is open to all individuals & organizations interested in ending homelessness for the community. Requests for membership are posted annually but also announced at all CoC general & subcommittee meetings & are encouraged throughout the year. New organizations are routinely invited to participate in CoC meetings. To become a voting member, interested parties submitted a request to the CoC Lead Staff on a rolling basis and the new membership took effect immediately. The new CoC Lead, NJ DCA, solicited new members in March 2026 to update all membership forms, contacts, and listservs. General Body and Executive Board meetings were held virtually & are accessible by video & phone. Virtual meetings are equipped with closed caption and chat features for any participants that needed support with their communication style. All members in the CoC & community are encouraged to join. Meeting minutes, agendas, agency notices & committee updates presented were available electronically in PDF accessible format & hard copies were readily accessible to those who need access to that information. Word documents & video recordings are available upon request.

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

(limit 2,500 characters)

The CoC holds public quarterly membership meetings & monthly subcommittee meetings which bring together a variety of stakeholders to discuss new programs, client engagement, as well as data collection & system outcomes. The CoC Executive Board meets bimonthly & engages community stakeholders in the CoC planning process to understand the community need from a variety of perspectives. These meetings were advertised in the local newspaper as well. General Body and Executive Board meetings held virtually were accessible by video & phone. Virtual meetings are equipped with closed caption and chat features for any participants that needed support with their communication style. At times, subcommittees convened in-person & offered a hybrid format to increase accessibility. Meeting minutes, agendas, agency notices, presentations, & committee updates provided are available electronically in PDF accessible format & hard copies are readily accessible to those who need access to that information. Word documents & video recordings are available upon request.

The CoC regularly engaged with members to develop recommendations in specific areas when needs were identified. For example, the CoC held several meetings with County & City partners that are administering the HOME-ARP program. Information was collected from the CoC agencies to identify community priorities & recommendations for which project types should be funded. Based on the feedback from various stakeholders, the County developed a plan to expand funding supportive services & affordable housing in the community.

Inspired by the Unsheltered NOFO, Atlantic County & City government, & other community members also joined together and began creating a strategic plan for addressing unsheltered homelessness in the community. This meeting sparked a conversation to consider having another emergency shelter which would be aimed at connecting unsheltered households to shelter & housing & services using a low barrier approach.

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

(limit 2,500 characters)

The request for new & renewal applications for the FY2026 competition was posted on the CoC website & sent out in an email via the CoC listserv on June 8th, 2026. The CoC lead hosted a technical assistance (TA) session on June 12th, 2026 for new & renewal agencies interested in applying for funding. The CoC lead & staff were available to answer questions from agencies interested in applying. The meeting was recorded & the recording, along with the presentation of the session were available to the community. Non-CoC funded agencies were encouraged to attend the meeting & apply for funding. During the TA session, new & renewal agencies interested in applying for funds were informed about the CoC funding priorities, eligible activities, target populations, application process, priorities & scoring criteria. The application was due on June 30, 20246. Applications were accepted electronically through the Survey Monkey Apply Portal.

The HUD priorities were reviewed with the attendees. Local priorities included increasing DV specific resources projects & new transitional housing and supportive service only projects. Scoring & ranking was also discussed with interested agencies during the TA session & the CoC & staff. This information was also made public on the CoC website. In the project review process both new & renewal applicants submitted a proposal which detailed the project, services, & budget. New projects were scored on a scale of maximum of 100 points while renewal projects were scored on a scale of maximum of 200 points (proposal, monitoring, program performance, housing first). All project scores were reflected as a percentage of the total points for the project type (new or renewal). In this way, new projects & renewal projects had equal opportunity for funding.

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

(limit 2,500 characters)

The CoC Executive Board has two strategic planning sessions: the last meeting of a year and the first of the following year. At these meetings the Executive Board tracks progress on the previous years goals as well as the goals in the community's 10 year plan to end homelessness. The Executive Board then provides priority issues to work on to subcommittees for the coming year, develops working groups, ensures proper stakeholder engagement, or discusses alternative strategies. The CoC is actively engaged in a planning process with Stockton University and United Way to update the 10 year plan to end homelessness in the coming year.

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

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

1C. Coordination and Engagement

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

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	1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
		You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
		What percent of your TH/RRH/PSH projects have substance use treatment available on site?	100%

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

(limit 2,500 characters)

n/a

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

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

(limit 2,500 characters)

The CoC actively engages organizations that provide mental health care, substance use treatment, and recovery support. Crossroads, Taylor Care, Helping Hands, Jewish Family Service, and AtlantiCare participate in the CoC's general membership, with several also serving on the Executive Committee. Their involvement brings behavioral health and substance use expertise to CoC planning, policy development, and service coordination. These partners participate in Coordinated Entry and work with the Homeless Assessment Resource Team (HART), which conducts case conferencing and manages the housing priority list. Together, they identify appropriate treatment and recovery services, coordinate referrals, and integrate behavioral health care into individualized housing plans. CoC partners also serve on an Atlantic County law enforcement and emergency management committee that works alongside HART, strengthening field-based coordination among outreach teams, first responders, behavioral health providers, and housing partners to address immediate needs and advance long-term housing goals.

The community also benefits from CoC-participating providers that deliver in-facility counseling, case management, and medication dosing for substance use treatment, helping ensure continuity of care and effective reentry planning.

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

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

(limit 2,500 characters)

The CoC formally engages peer support and recovery navigation providers through its general membership, Executive Committee, and related committees, ensuring that the perspectives of people with lived experience inform system planning, service coordination, and housing strategies. Partner organizations including Hope Exists, Angels in Motion, and AtlantiCare, operate peer teams that provide outreach, engagement, recovery coaching, and practical assistance to individuals experiencing homelessness who have mental health or substance use recovery needs. Peer specialists build trust, explain available options, help participants identify recovery goals, and connect them to treatment, harm-reduction, wellness, and community-based supports. They provide warm hand-offs and in-field linkages rather than relying solely on referrals, helping participants schedule and attend appointments, complete enrollment steps, navigate eligibility requirements, and remain connected as they move between outreach, treatment, shelter, and housing programs. Peer partners also support continuity after treatment discharge or housing placement by reinforcing recovery plans, reconnecting participants when services are interrupted and helping address barriers that could threaten housing stability. When available, providers assist with transportation to treatment, medical and behavioral health appointments, recovery meetings, social service offices, and other essential services. Through Coordinated Entry, case conferencing, and collaboration with housing and behavioral health providers, peer teams help align each participant's recovery supports with an individualized housing plan, creating a more continuous path to achieving long-term recovery.

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

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

(limit 2,500 characters)

The CoC identifies individuals experiencing Serious Mental Illness (SMI) at multiple points of contact rather than relying on a single screening event. Coordinated Entry assessments and participant intake processes used by CoC partners include questions about mental health history, current symptoms, treatment involvement and other barriers to housing. Relevant information is documented in HMIS and considered during placement on the housing priority list, consistent with privacy and consent requirements. Outreach teams, shelters, housing providers, hospitals, law enforcement partners, and other community agencies may also identify individuals whose behavior, repeated crises, hospitalization history, or difficulty meeting basic needs suggests a need for more intensive behavioral health support.

When an individual is identified as having SMI or significant behavioral health needs, CoC partners coordinate referrals and warm hand-offs to participating mental health providers for clinical assessment, medication management, psychosocial services and ongoing disease-management support. Through case conferencing and service coordination, housing and behavioral health partners determine whether the individual may benefit from an intensive treatment model that combines multidisciplinary treatment, frequent community-based contact, assertive outreach, and comprehensive care coordination. Outreach and crisis-response partners engage individuals in the field, including those who are not yet connected to Coordinated Entry, allowing assessment and linkage to occur quickly during a crisis or recurrence of symptoms.

The CoC also coordinates with law enforcement and community crisis-response programs to support timely, service-focused interventions and reduce unnecessary reliance on emergency departments, shelters, or the criminal justice system. Established relationships with inpatient treatment facilities, hospitals, and correctional facilities support discharge planning and continuity of care. Before release or discharge, partners work to connect individuals to behavioral health treatment, healthcare, social services, housing navigation, and other supports. These coordinated practices help maintain engagement across systems, reduce gaps in care, and pair intensive treatment and outreach with an individualized pathway to stable housing.

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

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

(limit 500 characters)

The CoC partners with Atlantic County's Mental Health and Recovery Courts through Coordinated Entry and participating housing, behavioral health, and recovery providers. Court evaluators and CoC partners connect participants to treatment, housing, and recovery supports. The community also benefits from CoC-participating providers that offer in-facility counseling, case management, and medication dosing programs for substance use treatment, supporting continuity of care and reentry planning.

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)

Both providers identified above integrate housing assistance with mental health and substance use services. Their programs include Coordinated Support Services, homelessness prevention, and rapid rehousing. Both are also newly enrolled in New Jersey's Medicaid Housing Supports program, which pairs participants with housing counselors to develop individualized housing stabilization plans. Jewish Family Service's reentry services place a specific emphasis on housing stability, while AtlantiCare can connect participants in its on-site medication dosing program—as well as those receiving its other medical and behavioral health services—with housing counseling. This coordinated approach helps participants maintain treatment, secure stable housing, and move toward greater independence.

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

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

(limit 500 characters)

Atlantic County's CoC coordinates with New Jersey's crisis system, including the crisis screening center, 988, mobile response, and ARRIVE Together. In most municipalities, ARRIVE Together pairs behavioral health professionals with law enforcement for field-based assessment, stabilization, and diversion from unnecessary emergency department use or arrest. CoC partners also provide Crisis Intervention Training and use a "no wrong door" approach to support consistent responses, referrals.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.
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You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	26
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

Our community benefits from formal partnerships with both a Certified Community Behavioral Health Clinic (CCBHC) and a PATH provider. AtlantiCare Behavioral Health and Jewish Family Service provide these services, respectively. Through integrated care and strong coordination with local agencies and service providers, they connect community members, including those experiencing homelessness and other vulnerable populations, to comprehensive mental health and substance use treatment and supports.

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)

While sober living providers do exist within our community, the CoC does not directly fund any sober living providers and projects. Instead these are privately and independently operated. The County of Atlantic does have some dollars set aside to support sober living placement, and uses these dollars accordingly with approved providers.

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)

Through HART case conferencing, the CoC coordinates warm hand-offs for individuals and families transitioning from the housing priority list to permanent housing. Housing and service providers work together to connect each household with appropriate stabilization supports. Partners such as Angels in Motion and Hope Exists provide additional assistance, particularly for people in recovery. Eligible New Jersey Medicaid members may also access Housing Supports, including pre-tenancy and tenancy-sustaining services, to help them secure and maintain housing and avoid homelessness. Services also exist within our community for special populations including women and families, victims of domestic violence, individuals in recovery, individuals involved in sex trafficking and the elderly.

1C-2. Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$800,084
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.	\$855,669
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	107%
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.	\$129,145
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).	123%

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)?	100.00%
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1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC received ESG funding from the statewide program operated by New Jersey Department of Community Affairs (NJDCA). NJDCA, also the ACC CoC lead, administered the ESG program for programs in Atlantic County. The State offered several opportunities for feedback on proposed uses of ESG funds sending out funding priorities via email to CoC Leads, accepting public comment by email, & hosting conference calls & meetings to discuss the ESG & ESG-CV programs. Members of the Executive Board & the CoC Lead participated in CoC specific comment meetings to discuss NJDCA's proposed funding priorities for the ESG program & ways to increase coordination between the state & CoC lead agencies.

NJDCA & Jewish Family Services (the CoC funded the coordinated entry agency) collaborated to implement the rapid rehousing program for homeless households using ESG funds.

All projects operating in the region were evaluated according to the local CoC performance standards. Both CoC & ESG funded projects had to demonstrate high levels of performance.

The CoC Lead and staff met with recipients when performance issues were identified in the attempt to maintain CoC standards.

CoC provided Point-in-Time (PIT) & Housing Inventory Count (HIC) to DCA, the Statewide ESG recipient, to address homelessness within the CoC. CoC priorities, strategies, & data were shared upon request with the con-plan jurisdictions in the region.

The CoC provided letters of support to projects requesting funding through NJDCA ESG. The CoC Executive Board reviewed all letters of support to ensure projects are in line with local homeless priorities before issuing letters of support.

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

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

(limit 2,500 characters)

The emergency shelter provider, Atlantic City Rescue Mission, member of the CoC and are actively involved with the CoC's coordinated entry system. The HART meeting, ACC CoC's coordinated entry case conferencing, is made up of stakeholders including street outreach providers, law enforcement, and emergency shelter providers who discuss the highest prioritized clients on the list, provide status updates, and coordinate permanent housing referrals. The emergency shelter providers then have the opportunity to discuss any high needs clients or new clients to their shelter that have not been assessed by coordinated entry. The coordinated entry agency, Jewish Family Services (JFS), also has two scheduled days per week they go to the emergency shelter and complete assessments of the clients staying within the shelter.

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

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

(limit 2,500 characters)

The CoC Lead, NJ Dept of Community Affairs (DCA), is the CoC Lead for the ACC CoC and co-coordinates the point in time count with JFS. The DCA is responsible for data collection analysis, and reporting of all PIT, HIC, HMIS, and SPMs to HUD. The DCA completes all data requirements, shares the data with local emergency management systems for inclusion in the seasonal planning for Code Blue and Code Red and helping the community ensure there are sufficient warming center sites available during the winter season. The PIT data is also shared with the county and Atlantic city local government community development offices for inclusion in their consolidated plans for CDBG and HOME funding. There is also a data subcommittee which receives requests from any entities tied data surrounding homelessness and those requests are filtered to the CoC lead to be able to compile and share the requested data.

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 ACC CoC coordinates with healthcare systems and the NJ courts to collect data surrounding frequent utilizers of health care systems and persons with eviction filings. The CoC has monthly case conferencing of high utilizers of Emergency Depts with the Atlanticare health care system. The coordinated entry agency, JFS facilitates these meetings and ensures all persons identified by the health care system are assessed, included on the prioritization list, and referred for permanent housing opportunities. There is a shared data agreement and the proper consents for data sharing are signed by all parties. JFS also provides prevention funding in the community and is situated within the court house in Atlantic County atleast three days per week to provide resources. The agency coordinates with the court system to ensure those households at imminent risk of eviction are linked to proper resources. The prosecutors office, sheriff's dept, and local law enforcement also all participate in monthly case conferencing to share real time data to ensure timely connection to street outreach, shelter, and housing opportunities.

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)

The coordinatd entry (CE) completes a comprehensive assessment to identify all areas of need & connects individuals with employment needs to the local employment services of the Workforce Investment Board & the Atlantic City Employment Services & Assistance Program. In addition, CoC funded projects work with clients to develop individualized plans & have successfully assisted participants in connecting with employment services & jobs through the local One-Stop Career Center. CoC funded agencies also refer clients who have incomes (such as SSI/SSD) to the America Works Program where they can receive individualized assistance for employment opportunities. CoC member, Catholic Charities, offers employment services & assistance program to assist the citizens (including the homeless) of Atlantic City find employment through referrals, job readiness training, workshops, & job placement through the network of employers in Atlantic City & Atlantic County the program has established. AVANZAR (the County's DV provider) helps DV household access job training & education programs to support financially stability through the Displaced Homemaker program. Covenant House provides job readiness & job placement services, education support, including basic education, GED preparation & college application assistance to youths. Other agencies offer connections to financial advocacy & budget training services, housing counseling, employment readiness & placements through One-Stop & match savings (IDA) along with other essential financial programs. Atlantic County is a region heavily dependent on tourism which is a sector that had significant decline due to the pandemic. As it slowly recovers, CoC agencies continue to assist informing clients on how to access additional government funding (such tax credits & unemployment).

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

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

(limit 2,500 characters)

The Atlantic City and County CoC's street outreach projects use a coordinated, service-focused response with the City of Atlantic City, Atlantic City Police Department (ACPD), emergency dispatch, EMS, hospitals, behavioral health providers, shelters, and community partners. CSPNJ's Atlantic City 24/7 Street Outreach Team provides coverage during daytime, evening, evening, overnight, weekend, and holiday hours, including times when many other providers are unavailable. Jewish Family Services also participates in ride-along and co-response efforts with ACPD.

Under the City's outreach coordination procedures, dispatchers assess each call for location, safety concerns, weapons, medical needs, criminal activity, substance use, mental-health concerns, and the person's demeanor. When there is no immediate threat, calls may be routed to outreach alone. When safety concerns are uncertain or escalating, ACPD and outreach respond together. Police and EMS are dispatched for emergencies involving violence, weapons, overdose, suicide risk, or urgent medical needs, with outreach providing follow-up when appropriate.

ACPD dispatches homelessness-related calls to a dedicated CSPNJ line that is answered 24/7. Outreach staff respond promptly, generally within 10 to 15 minutes when dispatched. After each response, the Team Leader or Outreach Specialist contacts ACPD Communications to report the responder, response time, assistance provided, actions taken, and disposition. This communication loop documents outcomes, confirms that calls are resolved, and ensures that no request is left without follow-up.

Outreach staff support first responders through trauma-informed engagement, de-escalation, safety and needs assessments, transportation, shelter placement, benefits assistance, and connections to healthcare, behavioral health and substance-use treatment, and housing. When appropriate and consistent with public safety, staff emphasize voluntary engagement and services rather than criminalization. Outreach may respond alongside first responders or assume follow-up after an immediate safety concern has been addressed, allowing police, EMS, and hospital staff to return to their primary duties.

Each contact is treated as an opportunity to connect the individual to the CoC's homeless response system. Staff complete or update Coordinated Entry assessments, document services in HMIS, support placement on the By-Name List, and provide warm handoffs.

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)

ACC CoC behavioral health and substance abuse treatment providers work with families and support networks to coordinate discharge planning to ensure the individual leaving treatment has safe, secure housing; as well as the proper familial and community supports to ensure ongoing sobriety and treatment are effective. Angels in Motion Street Outreach providers flexible funding sources to assist with in and out of state transportation, moving or relocation costs, and other special assistance needed to coordinate stable discharges.

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

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

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

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

(limit 2,500 characters)

The Atlantic City Director of Public Safety in collaboration with the CoC Lead, NJ DCA, developed a “Policy for dispatching homelessness outreach response”. The purpose of the protocol is to streamline and standardize the City’s response to homelessness related calls to shift the response from law enforcement to outreach and social service providers. The police department felt their officers time and energy were being spent on responding to calls that were social service related and not law enforcement appropriate. The protocol was developed in partnership with the street outreach provider (CSPNJ), coordinated entry provider (JFS), and the healthcare mobile response (Atlanticare). Atlantic City is the municipality identified with the largest homeless population, accounting for 69% of the unsheltered count in 2026.

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

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

(limit 2,500 characters)

The Atlantic City PD in partnership with the CoC has developed a procedure to dispatch homelessness outreach response when law enforcement is called and the primary cause/concern of the caller is homelessness, substance use, welfare check, mental health support. The officer will do a primary safety check and risk assessment prior to calling in the street outreach team, coordinated entry agency, and mobile health care unit. The procedure details the exact response dependent on the assessment: 1) dispatch out reach only; 2) co-response with social services, emergency services, LEA; 3) medical or mental health crisis- healthcare teams with EMS and PD if needed; 4) criminal activity or weapons present- law enforcement response. The procedure aligns clear protocols with agencies primary point of contact, including clear communication and documentation protocols.

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)

The prevalence of tents and encampments in Atlantic City fluctuates based on seasonal demands, enforcement activities, and the availability of emergency shelter options. Currently, visible encampments are primarily concentrated in areas that offer some protection from the elements, such as under the boardwalk, in secluded wooded areas, or near infrastructure that provides physical cover.

Following recent initiatives, such as the implementation of the BIG program, there has been a proactive focus on reducing the visibility of these encampments in high-traffic tourist areas. This has led to a reduction of tents in some primary locations but has often resulted in individuals relocating to more dispersed or less visible areas, which can make consistent service engagement more complex.

The CoC monitors these shifts through daily outreach reporting and real-time coordination with ACPD. While the visibility may decrease due to enforcement or structural barriers, the number of individuals needing support remains consistent. The CoC utilizes this data to adapt outreach routes and ensure that teams are aware of new or relocated encampment sites, ensuring that even as populations move, they remain connected to the homeless response system, Coordinated Entry, and housing resources.

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)

Atlantic City adheres to New Jersey state laws regarding illicit substance use, which emphasize enforcement of possession and public usage statutes. These enforcement efforts are often aimed at managing public quality-of-life concerns in high-traffic and tourist areas, including the Boardwalk.

Impact: Strict enforcement of drug-related offenses can sometimes create a barrier to engagement, as individuals may fear legal consequences when interacting with authorities or service providers who are closely linked to law enforcement. This can hinder the trust-building process essential for connecting individuals to substance-use treatment.

Strategy and Mitigation: The CoC's strategy is rooted in harm reduction and clinical support rather than punitive measures. Our co-response model is critical here:

- Alternative Response:** When ACPD encounters individuals struggling with substance use, they utilize the CSPNJ dedicated phone line to provide an alternative to immediate arrest when non-criminal options are appropriate and available.
- Engagement and Connection:** Outreach staff are trained in trauma-informed care and de-escalation to engage individuals specifically around their substance use, offering immediate support such as transportation to detox, warm handoffs to outpatient treatment, or connection to Medication-Assisted Treatment (MAT) programs.
- Leveraging Partnerships:** We actively bridge the gap between enforcement and health by maintaining strong relationships with local health providers, ensuring that "cooperation" translates into "connection" to health-focused services. By prioritizing voluntary engagement in treatment and recovery services, the CoC works to mitigate the effects of criminalization, focusing on the health and housing stability of the individual as the most effective long-term solution to public substance use.

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)

Atlantic County has experienced a substantial decline in fatal overdoses, from a peak of 255 deaths in 2022 to 86 deaths in 2025. This progress reflects an expanded, coordinated harm-reduction and recovery response. Key strategies include broader access to naloxone (Narcan), greater use of peer recovery specialists, and the ability of emergency response teams to administer buprenorphine in the field. The community has also expanded peer-led recovery services, including a recovery community center, while treatment providers have increased access to medication-assisted treatment (MAT). Together, these interventions help prevent overdose deaths, connect people who use illicit drugs in public spaces with immediate support and treatment, and provide the ongoing services needed to sustain recovery.

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)

Collaboration among law enforcement, social service agencies, and mental health professionals is a promising practice that connects individuals with housing, supportive services, and treatment when needed. These partnerships have also reduced citations related to homelessness or loitering by promoting supportive, service-focused interactions rather than punitive responses. Field-based assessment and intervention help conserve the community's limited psychiatric evaluation resources, begin services sooner, and reduce unnecessary emergency department use.

A recent local policy that limits the length of motel stays can create barriers during emergencies, when motels may serve as temporary housing for individuals and families. This restriction is especially challenging for families, because motel placements can help keep households together, avoid shelter entry, and prevent unsheltered homelessness.

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)

NJ Mental Health involuntary commitment laws are danger to self, others, or property and PESS goes into community to screen. PESS referrals can be initiated by anyone, including housing providers, other community members, agencies, family, etc. They go out with the police. If the person meets criteria or isn't cooperative, they can be involuntarily transported to the hospital. Our local PESS unit also has a preventative outreach program where they will go see a resident to engage them, even if they don't meet criteria for commitment. We do not have involuntary commitment for substance use disorder. For substance use, we leverage our partnership with recovery coaches to keep individuals engaged and communication open to navigate into recovery services and treatment.

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC uses a coordinated, low-barrier, and geographically comprehensive outreach strategy to identify and engage individuals and families experiencing homelessness throughout the service area. Outreach is conducted in places where people are known to live or seek services, including streets, parks, under the boardwalk, near businesses, abandoned or unsafe structures, transportation areas, shelters, hospitals, and other locations identified through community referrals and emergency calls.

CSPNJ provides a dedicated 24/7 outreach response line, allowing the public, businesses, emergency responders, hospitals, and community partners to request assistance at any time. The City of Atlantic City's interim homelessness outreach dispatch policy establishes a standardized process for routing calls to outreach providers. Dispatchers document the person's location, presenting concern, behavioral and safety risks, weapons or medical concerns, and any known social-service connections. Nonviolent, nonemergency calls—such as welfare checks, non-overdose substance-use concerns, and nonviolent mental-health support—are routed directly to outreach whenever possible. Calls involving uncertain or escalating risk receive a coordinated response from outreach and law enforcement, while medical or behavioral-health emergencies are addressed by EMS, police, and outreach as appropriate.

The CoC's outreach network includes CSPNJ as the directed outreach provider, Jewish Family Services as a co-response partner, and AtlantiCare through the ARRIVE program. Outreach staff coordinate with ACPD, EMS, hospitals, dispatch, shelters, behavioral-health and substance-use providers, and the Office of Homelessness Prevention. A monthly on-call schedule identifies provider contacts and helps dispatch route requests efficiently. When a provider cannot respond immediately, the call is either transferred to ACPD when an immediate response is necessary or held until outreach becomes available, with the decision documented for accountability.

Outreach workers use trauma-informed, culturally responsive, and voluntary engagement practices. They conduct repeated visits when individuals decline assistance, recognizing that trust-building often requires multiple contacts. Staff provide basic needs assistance, transportation, safety and needs assessments, crisis de-escalation, benefits assistance, and connections to shelter, health care, behavioral-health and substance-use treatment, and housing.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:
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		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	No
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

The CoC has adopted a policy requiring any agency providing services to households with school aged children to address the educational needs of the children in the household. Community agencies may fulfill this requirement by ensuring agency case managers are trained in the educational responsibilities & entitlements provided through the McKinney Vento legislation, or they connect students to community providers equipped to address their educational needs. All sheltering programs serving school aged youth are required to reach out to the school to inform them of the change in the household housing status & ensure the school district accommodates the student if they choose to continue their education there.

The Youth provider, Covenant House New Jersey (CHNJ), assists with the immediate needs of youth experiencing homelessness and linking them to critical services. CHNJ also connects with youth by presenting at committee meetings, community centers, events, and schools. The team visits schools and attends community events several times a year to hand out flyers and postcards (in English and Spanish) with information on CHNJ programs and to receive information about educational opportunities for their clients. Additionally, the CoC is working on developing a partnership between NJ211 & local McKinney-Vento homeless liaisons to expedite homeless families for assistance & connect them to the single point of entry & social services.

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

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

(limit 2,500 characters)

The New Jersey Division of Children and Families (DCF) has local child welfare offices situated within each county in the state. The local offices are directly connected with the CoCs through a dedicated staff designee, Resource Development Specialist (RDS). The RDS and the assigned child welfare worker will coordinate supports to assist in stabilizing households, specifically with youth transitioning out of foster/public welfare placements, with access to permanent housing.

The Foster Youth Initiative program provides youth with long term housing vouchers and DCF has funded youth service providers statewide to provide housing navigation and supportive services to any youth in FYI or FUP vouchers. The NJDCF developed the Keeping Families Together program that provides long term case management and state rental assistance vouchers to families with children who have open child welfare cases and in need of housing supports, case management, linkage to substance abuse and recovery services.

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

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

(limit 2,500 characters)

The Youth provider, Covenant House New Jersey (CHNJ), assists with the immediate needs of youth experiencing homelessness and linking them to critical services. Covenant House NJ has a transitional living program in the CoC and is requesting funding through this NOFO for funding to support and expand services to the CoC. Covenant House is also the service provider coordinating housing navigation to youth eligible for FYI vouchers through the Pleasantville PHA. Covenant House is an active member of the CoC, has representation on the Executive Committee, and participates in fundamental system functions such as coordinated entry prioritization and referral process.

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)

AVANZAR has a transitional house and state funded RRH and is dedicated to survivors of domestic violence and their families.

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)

Identifying safe and affordable housing is the primary need of the survivors we are working with that are seeking housing assistance. Additional supportive service needs include counseling/therapy, workforce development/employment support, child care, transportation, food security, and medical care.

4. AVANZAR provides domestic violence counseling, crisis response, phone counseling, legal advocacy/accompaniment and system advocacy and referrals to meet the needs of individuals impacted by domestic violence. Additionally we provide workforce development/employment support services as well as system linkages and referrals to the local board of social services for assistance with financial assistance, medical coverage and food security. We also provide survivors with referrals and linkages to community programs that provide utility assistance, legal support, medical care, mental health support, child care, transportation, and immigration services. AVANZAR's team of DVHF Navigator and Domestic Violence Advocate provide access to case management services to those we assist with housing. Case Management supports survivors in identifying their needs, developing a plan to address their needs, and set/reach goals towards self-sufficiency. This can include, supporting survivors in engaging in workforce development services, gaining financial literacy to save and budget.

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)

AVANZAR currently has active and long-standing grant contracts with NJ Department of Children & Families, NJ Division of Criminal Justice, NJ Department of Family Development and NJ Division on Women to provide housing stabilization and support services.

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

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

(limit 2,500 characters)

When determining individuals for placement in permanent housing, our team will work with each individual to assess their financial stability, create budgets and determine what they will be able to sustain. Our goal is to maximize the success of the individuals we serve, and we will accomplish this by simultaneously working to identify all areas of needs (child care, transportation, employment, etc) as we develop housing plans. Through this process, we are able to confidently support clients in entering into independent lease agreements to obtain their permanent housing.

AVANZAR will continue to complete assessments with each survivor we work with to determine their identified needs. We will assist survivors in placing their needs in a priority continuum to support them in identifying what they would like to have (prefer) in housing versus what they must have to meet their needs. Our staff work to identify available housing in the community that meet as many of these preferences as possible, while supporting survivors in matching their options with what they will be able to sustain long-term.

4.AVANZAR believes in honoring the self-determination of those we provide services to, we also value the importance of respecting the importance of their needs. In providing individualized and inclusive services, our team will increase their working relationships with rental properties and realtors to have increased knowledge on what each facility offers and use this information to create a data system that includes accessibility amenities, size of unites, types of units, etc. Our team will utilize this data base to better identify referrals that meet the needs of each individual, reducing the number of unnecessary referrals.

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)

Catholic Charities, SSVF, and Soldier On, Bringing Veterans Home (BVH) provider are active CoC members. BVH is a statewide initiative that has helped the CoC reach functional zero for Veterans Homelessness

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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)

AVANZAR, DV provider for the CoC operates ES, TH, and RRH and providers comprehensive services to survivors of DV. The programs and services are designed to provide support, spread awareness, and empower individuals to break free from cycles of negativity. Whether it's counseling for emotional well-being, navigating through domestic violence, or addressing the challenges of human trafficking, our comprehensive approach focuses on individual needs, prevention, community intervention, crisis.

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)

Jewish Family Service of Cape May and Atlantic County: Justice Involved Service Team, Atlantic County Community Team, Central Municipal Court Services, Jail Re-Entry program, Mental Health Justice Involved Services and Juvenile Justice Supports programs
AtlantiCare Behavioral Health -Substance Use Treatment

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)

AtlantiCare Federally Qualified Health Center: Services include internal medicine, family medicine, pediatrics, behavioral health and substance use treatment to care for your physical and mental health. The health center provides comprehensive services that are provided whether or not the patient is able to pay for services

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)

AtlanticCare Life Connection PACE, is a Program of All-Inclusive Care for the Elderly. It is a Medicaid/Medicare program designed to help older adults get the care that they need in their homes/community. A PACE care team is made up of an 11- discipline interdisciplinary team provides you and your family with multiple layers of support that enable you to live at home, where you want to be, with services designed around your needs and personal goals.

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)

Collaborative Support Programs of New Jersey, Atlantic Cty Jewish Family Service is dedicated to serve chronically homeless individuals

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)

CSPNJ assesses all participants upon intake and sets up an individualized service plan determining all needs including behavioral health. Those who qualify for and have a need for Community Support Services (CSS) will receive an initial Comprehensive Rehabilitation Plan Needs Assessment (CRNA) and Preliminary Individualized Rehabilitation Plan (PIRP) from our staff licensed clinician which will identify the level of service needs provided by our certified peer and/or licensed behavioral health staff at the intervals determined in their PIRP. They will then receive updated Individualized Rehabilitation Plans (IRP) at the required intervals. Areas that are identified and goals are worked towards include illness management, crisis intervention and coordination of permanent housing and natural supports.

For those who either do not have a qualifying diagnosis for CSS or are not Medicaid billing eligible for other reasons, a similar though slightly less structured process is followed. With at least annual service plans conducted and goals identified. Case workers and peer support workers meet with individuals within their homes to work on the 8 dimensions of wellness including: Physical, spiritual, social, intellectual, emotional/mental, occupational, environmental and financial health.

For any of the above if a worker identifies a program participant in crisis, first an attempt will be made to stabilize the individual within the residence, second option is to see if a respite bed is appropriate and available, last measure is to call or transport the individual to the local screening center should they prove to be a danger to themselves, others or property.

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)

During visits and annual assessments individuals are observed and documented with regard to their ADL (Activity of Daily Living) skills. Should an individual show signs of inability to clean, cook, maintain lease requirements, the first step is to see if increased support from our staff and/or community care managers will allow the individual to remain independent or if this is a temporary crisis that will pass. Should the individual continue to show a decline in the above skills or exhibit behaviors that could be dangerous to themselves or others in the community (hoarding, leaving cooking appliances on and unattended) a plan would be made to work toward alternate placement.

For physical health situations, an inability to safely ambulate in the community would lead to assessment for rehabilitation or long-term care through linkage to the program participants medical professionals.

Should the situation be related to a relapse into substance use, if the individual is no longer able to remain sober with outpatient treatment models, a residential substance use treatment center would be located and the process of referral begins.

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)

When a client is able to demonstrate stable adequate income such that they are paying 75% or higher of their unit rent, the individual will be assessed for moving on to a nonCOC voucher. Assessment would also include ability to follow lease terms and demonstrate positive landlord tenant and community relations. When a client is paying 95-100% of the rent on their unit, should they remain at this level of income for 6 months or more, they would be moved off the voucher program and the voucher reissued to another individual off of the coordinated assessment agency's list.

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

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

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

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

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	
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You must enter a date in question 1D-2a.

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1D-2b.

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	07/23/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and

4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.
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(limit 2,500 characters)

The CoC's Monitoring & Review Committee adhered to the reallocation process outlined in the local selection policies. It stated that the Monitoring & Review Committee may allocate funding at a level equal to or less than the program budget in the most recent HUD approved GIW. The Monitoring & Review Committee may reduce the amount of funds awarded to renewal projects based on several factors including poor performance, a history of unexpended grant funds, issues with agency capacity, low project utilization rates, program structure/model incongruent with established funding priorities, or other reasons related to program compliance, capacity & or ability to fit in with established funding priorities. Upon completion of the process, the Monitoring & Review Committee submitted their recommendations for project scoring, ranking & funding to the Executive Board for approval. During the annual performance review, the CoC identified a few renewal projects that demonstrated a pattern of unexpended funds over the course of several funding cycles & low vacancy rates using HUD spending reports, financial records provided by the agencies, & HMIS data. The committee also conducted on site program monitoring & reviewed HMIS data to identify low performing projects. Three projects voluntarily reallocated their programs to apply for new transitional housing and supportive service projects. One PSH project was selected for reallocation due to the program not operating at capacity and not effectively spending all funds.

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

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

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

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

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

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

(limit 2,500 characters)

The Atlantic County Advisory Board of PWLE and outreach providers worked with the PIT coordinator to ensure all known locations of unsheltered persons were properly canvassed throughout the 7 day PIT count. Due to extreme temperatures and a snow storm the CoC had done extensive work to ensure unsheltered persons had access to Warming Center services through the time of the PIT count.

Additionally virtual trainings for the PIT Count & outreach were organized by the CoC & co-facilitation by the AB for improved & expanded coverage during the PIT count. These targeted trainings allowed volunteers & agencies completing the survey to ensure full understanding of the changes to the data collection, CH definition & the distinctions related to counting episodes of homelessness & length of time for those episodes. The trainings also emphasized the data collection requirements for all data elements associated with the PIT analysis including homeless history & disabling condition. Agencies also had access to trainings & reviewed the survey protocols with participating staff prior to the count.

This year the CoC expanded the involvement of the Atlantic City Police Department to identify locations where unsheltered persons stay & to improve engagement of the community to secure participation in the PIT & on- going services in the community. The outreach effort was strengthened this year with participation for PWLE participating in the count. PWLE collaborated with agencies to identify known locations, encourage unsheltered persons to complete the survey, & connect unsheltered persons to service providers. This strategy allowed for complete & efficient coverage in the community.

28% of the PIT data was collected through HMIS & the remaining data was collected through client surveys. As a result of these changes, the CoC saw an increase in volunteer engagement, a decrease in errors for submitted surveys & a reduction in the number of potentially duplicate surveys.

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

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

(limit 2,500 characters)

The CoC Lead funded an additional outreach team, CSPNJ, which provides 24/7 street outreach in the Atlantic City and surrounding areas. The primary referral source is from law enforcement. CSPNJ will respond, or co-respond with officers, to areas where the homeless are congregated and provide resource and housing linkage. The CoC Lead, NJ Dept of Community Affairs, was able to target specific funds to provide emergency motel placements and TBRA vouchers to facilitate transition to permanent housing. There is a current housing voucher initiative that will provide an addition 150 vouchers to persons in ES and unsheltered in the community.

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

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of people in encampments during your evaluation period.	7

 nbsp;nbsp;

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

(limit 2,500 characters)

n/a

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

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

(limit 2,500 characters)

The CoC Data Quality committee & single point of entry (SPOE) team reviewed HMIS & PIT data to identify risk factors such as loss of earned income or benefits & frequent requests for assistance through the state homeless hotline. The CoC partnered with local judicial agencies to identify households with pending evictions. The CoC Data Analyst is working with the CoC Data Quality committee & coordinated entry (CE) team to identify risk factors & trends in the system. At-risk households have the opportunity to connect to Homelessness Eviction Prevention & Diversion Programs implemented by Jewish Family Service (JFS). These programs assist households at imminent risk to maintain housing & avoid becoming homeless. These programs aim to work with households to avoid the trauma of homelessness by providing various services such as supportive services, rehousing, relocation, landlord-tenant court & tenancy litigation. Additionally, the CoC addresses first time homelessness by connecting all persons at risk of homelessness that present at the CE with prevention programs & mainstream benefits for which they may be eligible. The CE (operated by JFS) is in the County Administration building where consumers are immediately screened to determine eligibility for preventative services such as Emergency Assistance which is provided by the County. This "in-house" collaboration allows households to receive assistance quickly. The CoC continues to work with community agencies to develop agreements between agencies offering prevention services like financial assistance/management, childcare family reunification, & legal services & the Coordinated Entry/CE. The Executive Board is responsible for overseeing implementation of strategies to reduce first time homelessness.

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)

Several programs have been implemented with key partners to reduce LOT homeless in Atlantic County. Jewish Family Service (JFS) implements the state funded Homelessness Diversion Program. This program assists households who are currently homeless obtain safe stable housing & quickly exit homelessness. Agencies in the CoC frequently connect with the Coordinated Entry (CE) for referral & placement of households in permanent housing. CoC agencies & community partners work together to identify affordable housing options in the community for clients with vouchers. In addition, all CoC funded agencies subscribe to the Housing First Model & coordinate with landlords to reduce housing barriers clients may face. The coordinated entry expansion has been utilized to hire a housing navigator that helps locate affordable housing, assist with housing documentation & is a liaison for the landlords. This is key to reducing the barriers & time it takes for clients experiencing homelessness to being permanently housed. The Atlantic County Div. of Family & Community Development (ACDFCD), the local welfare agency, is a key player in this process as well. ACDFCD uses emergency assistance funds to immediately house eligible households & provide necessary resources.

The HART committee works with providers & the CE to identify persons with the longest histories of homelessness. HART committee members work throughout the community to connect homeless households to the CE for an assessment. The CE assesses all households using the VI- SPDAT & maintains a housing prioritization list organized by chronic homeless status, vulnerability score & length of time homeless. Households at the top of the list are prioritized for housing vouchers immediately. Additionally, CE staff reviews HMIS & their EHR reports across all indicators on at least a quarterly basis to identify households with the longest lengths of time homeless. The HART committee & CE are responsible for implementing strategies & the Executive Board oversees implementation.

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?	26.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

To calculate this measure, HMIS data were reviewed for clients who exited Transitional Housing (TH), Rapid Re-Housing (RRH), or Permanent Supportive Housing (PSH). Separate HMIS ReportBuilder reports were run for October 1, 2024–September 30, 2025 for each NJ-500. For each period, the CoC reports were combined into a single data file, and a CoC identifier was added to every record so results could be reported by CoC.

The combined file was limited to records with an HMIS Project Type of Transitional Housing, PH – Rapid Re-Housing, or PH – Permanent Supportive Housing; all other project types were excluded. Because the reports include everyone enrolled during the period, records were then filtered by Discharge Date so that only exits occurring within the reporting period were counted.

Exits were then filtered using the HMIS Destination field to identify exits to the following unsubsidized permanent housing destinations:

- Staying or living with family, permanent tenure;
- Staying or living with friends, permanent tenure;
- Rental by client, no ongoing housing subsidy; and
- Owned by client, no ongoing housing subsidy.

Pivot tables were used to count qualifying exits for each destination, grouped by CoC and project type. The four destination totals were summed to produce the numerator. The denominator was the total number of TH, RRH, and PSH exits during the period to any destination. The measure was calculated by dividing the numerator by the denominator, producing the percent of program participants exiting TH, RRH, and PSH collectively to unsubsidized housing.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	130	130	12	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	68	69	4	98.60%
4. Rapid Re-Housing (RRH) beds	25	25	0	100.00%
5. Permanent Supportive Housing (PSH) beds	94	176	0	53.40%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

(limit 2,500 characters)

All CoC funded PH programs input their beds & data into the Atlantic CoC HMIS or a comparable database. Currently, the PSH beds not currently in HMIS are those beds included in the HUD VASH program & the Statewide Emergency Housing Voucher program. Without these two programs, the HMIS bed coverage would be at 100%. Since HUD VASH is operated by a VA system outside of New Jersey, there continues to be challenges with getting data entry into the CoC's HMIS.

The CoC's Data Quality subcommittee continues to have monthly meetings to review accurate & timely HMIS data entry. In collaboration with the lead HMIS agency (NJHMFA), the data subcommittee chair will be arranging meetings to address barriers identifies by community agencies & coordinate the 1-1 HMIS trainings for staff. The CoC Lead & Data Analyst will also connect to state agencies & tax credit programs that offer OPH units for homeless households to discuss strategies to increase bed coverage in HMIS.

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.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

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

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

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	1C-1. List of TH/...	09/26/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	1C-1f. List of Co...	09/26/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language f...	09/26/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/26/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/26/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Com...	09/26/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2A-8b. FY 2026 HD...	09/26/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/26/2026
11. Other	No		

Attachment Details

Document Description: 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Attachment Details

Document Description: 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: 2A-8b. FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/26/2026
1C. Coordination and Engagement	09/26/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/26/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/26/2026
Submission Summary	No Input Required

1C-1

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

- 1) Covenant House Atlantic City Youth Housing (RRH)
- 2) CSPNJ Atlantic City Jewish Family Services (PSH)
- 3) Career Opportunity Development Renewal Project (PSH)
- 4) ACRC Transitional Housing and Recovery Program (TH)
- 5) HRRI Project ISH (TH)

1C-1f

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

Tier	Rank	Score	Agency	Project	Program Type	Units	Substance Abuse Required (# units)
84	3	1	Covenant House New Jersey, Inc	Atlantic City Youth Housing Project	PH	5	5
83	4	1	Collaborative Support Programs of New Jersey	Atlantic Cty Jewish Family Servicea	PH	5	5
77	5	1	Career Opportunity Development	Renewal Project Application FY2024	PH	2	2
86	9	2	Atlantic City Renaissance Corporation	ACRC Transitional Housing and Recovery Support Program	TH	4	4
83	10	2	HR Recovery Initiative A NJ Nonprofit Corporation	Project ISH	TH	10	10

1C-3

Language from Project Supportive Service
Agreements

- 1) Angels in Motion
- 2) CSPNJ
- 3) Jewish Family Services
- 4) CODI
- 5) ACRC

SERVICE PARTICIPATION AGREEMENT

Program: Angels in Motion (AIM) Street Outreach Program

Participant Name: _____

Program Representative: _____

Effective Date: _____

1. PURPOSE

Angels in Motion (AIM) provides voluntary outreach and support services to individuals experiencing homelessness or housing instability. Our goal is to help participants address immediate needs, overcome barriers, and connect with housing, treatment, healthcare, recovery supports, benefits, and other community resources.

Participation in the program does not guarantee housing, financial assistance, treatment placement, or any other specific outcome.

2. SERVICES

Based on individual needs, eligibility, and available resources, AIM may provide or assist with:

- Street outreach, peer support, and case management
- Housing, shelter, and Coordinated Entry referrals
- Substance use treatment and recovery support
- Mental health and healthcare referrals
- Benefits and identification assistance
- Transportation assistance
- Food, clothing, hygiene products, and other basic needs
- Connections to community programs and resources

3. PARTICIPANT RESPONSIBILITIES

As a participant, I agree to:

- Provide accurate information to the best of my ability.
- Work with AIM staff to identify my needs and goals.
- Provide documentation when required to access specific programs or assistance.
- Keep AIM informed of significant changes in my contact information, housing situation, or service needs when possible.
- Treat AIM staff, volunteers, other participants, and community partners respectfully.
- Refrain from threatening, violent, or unsafe behavior while participating in AIM services.

Participation is voluntary. I may decline a service or discontinue participation at any time.

4. AIM RESPONSIBILITIES

AIM agrees to:

- Treat participants with dignity, compassion, and respect.
- Provide services without discrimination.
- Assist participants in identifying and accessing appropriate resources.

- Explain program requirements and available services.
- Protect participant information in accordance with applicable confidentiality requirements.

5. CONFIDENTIALITY

Information collected by AIM may be used for service coordination, program administration, required reporting, and other permitted program purposes.

When necessary, participants may be asked to sign a separate authorization allowing AIM to communicate with housing providers, treatment providers, healthcare providers, government agencies, or other community organizations.

6. PROGRAM PARTICIPATION

Services are based on individual need, eligibility, available funding, and community resources. AIM cannot guarantee housing placement, shelter availability, treatment admission, financial assistance, transportation, or other specific services.

AIM may discontinue services when a participant:

- Voluntarily withdraws from the program;
- Is no longer eligible or no longer requires services;
- Repeatedly fails to maintain contact when contact is necessary to provide the requested service; or
- Engages in threatening, violent, or other behavior that creates a serious safety risk.

When appropriate, AIM will work with the participant to identify alternative resources or referrals.

7. ACKNOWLEDGMENT

By signing below, I acknowledge that:

- AIM has explained the Street Outreach Program and available services to me.
- I understand that my participation is voluntary.
- I understand that services and financial assistance depend upon eligibility and available resources.
- I have had an opportunity to ask questions about the program.

Participant Name & Signature: _____

Date: _____

AIM Representative & Signature: _____

Date: _____

EMERGENCY CONTACT — OPTIONAL

Name: _____

Relationship: _____

Phone: _____

SERVICE PARTICIPATION AGREEMENT

Housing Program Name: CSPNJ COC Permanent Supportive Housing Program

Participant Name: _____

Participant Address (if applicable): _____

Program Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources
- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

- Treat Participants with dignity and respect.
- Provide services in a professional and nondiscriminatory manner.
- Maintain confidentiality of Participant information as permitted by law.
- Inform Participants of available services, requirements, and any significant Program changes.

- Respond to Participant questions and concerns in a timely manner.
-

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

6. NONDISCRIMINATION

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

.

8. TERMINATION OF PARTICIPATION

Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.

- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

CSPNJ will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
 - They have had an opportunity to ask questions.
 - They agree to comply with Program requirements.
 - They understand participation is voluntary and subject to Program policies.
-

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

.

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____



SERVICE PARTICIPATION AGREEMENT

Participant Name: _____

Participant Address (if applicable): _____

Case Manager/Representative: _____

Effective Date: _____

Term of Agreement: From _____ to _____

1. PURPOSE

This Service Participation Agreement ("Agreement") establishes the terms and conditions under which the Participant will receive services and assistance through the Housing Program ("Program"). The purpose of the Program is to provide housing-related support, resources, and services designed to assist Participants in achieving and maintaining stable housing.

This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to Program availability and eligibility requirements, the Program may provide one or more of the following services:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Linkage to employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources

- Tenant education and advocacy
- Other housing-related support services

The Program reserves the right to modify services based on funding, availability, or participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any changes in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff in developing and implementing a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Maintain the housing unit in a safe and sanitary manner.
- Avoid activities that may threaten the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
 - Provide documentation necessary to verify income and eligibility.
-

4. PROGRAM RESPONSIBILITIES

The Program agrees to:

- Treat Participants with dignity and respect.

- Provide services in a professional and nondiscriminatory manner.
 - Maintain confidentiality of Participant information as permitted by law.
 - Inform Participants of available services, requirements, and any significant Program changes.
 - Respond to Participant questions and concerns in a timely manner.
-

5. CONFIDENTIALITY

Information collected by the Program will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law.

The Participant may be asked to sign separate consent forms authorizing the release of information to other service providers, landlords, or agencies.

6. NONDISCRIMINATION

The Program shall not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other protected characteristic under applicable law.

7. GRIEVANCE PROCEDURE

Participants may submit complaints or grievances regarding Program services by:

1. Submitting a written complaint to the Program Representative.
2. Participating in a review meeting if requested.
3. Receiving a written response regarding the outcome of the review.

The filing of a grievance shall not result in retaliation.

.

8. TERMINATION OF PARTICIPATION

Program participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.
- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

When practicable, the Program will provide written notice of termination and information regarding any appeal process.

Participants may voluntarily withdraw from the Program at any time by providing written notice.

9. LIMITATION OF SERVICES

The Program does not guarantee:

- Permanent housing placement.
- Approval for rental assistance.
- Continued funding availability.
- Employment, benefits, or specific housing outcomes.

Services are contingent upon available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that the Program shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of the Program.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that:

- They have read and understand this Agreement.
- They have had an opportunity to ask questions.
- They agree to comply with Program requirements.
- They understand participation is voluntary and subject to Program policies.

PARTICIPANT SIGNATURE

Participant Name: _____

Signature: _____

Date: _____

PROGRAM REPRESENTATIVE

Representative Name: _____

Title: _____

Signature: _____

Date: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Relationship: _____

Phone Number: _____

Career Opportunity Development, Inc.

COMMUNITY SUPPORT SERVICES AGREEMENT

Career Opportunity Development, Inc. provides Community Support Services (CSS) to assist consumers of mental health services to lead happy and productive lives in community settings. The services offered and selected will reflect your needs and your choices to help you toward your recovery and a lifestyle of wellness.

As a consumer of CODI's CSS program, I, _____, hereby understand that I will be provided, at no cost to me for as long as I desire or need, the following services:

- ◆ Participation in the development, review and monitoring of an Individualized Rehabilitation Plan (IRP) based on my wellness and recovery goals
- ◆ Support to achieve wellness and recovery goals in a fully developed Wellness and Recovery Action Plan (WRAP) if I choose to use that tool
- ◆ Face to face support visits in my home when conditions are safe and as indicated in my IRP
- ◆ Support for living in a safe and decent home
- ◆ Inspection of my home for the purposes of assessing my safety and welfare with advance notice
- ◆ Assistance with managing and budgeting money
- ◆ Advocacy services with other mental health providers, health care providers, and social service agencies
- ◆ Assistance with skills development training as indicated on my IRP so that I may be able to maintain my home as independently as possible
- ◆ Assistance with linkage to health care providers when necessary and as indicated in my IRP
- ◆ Transportation, when otherwise not available, as resources permit provided I give one week advanced notice of needing transportation
- ◆ Available on site or telephone support in response to crisis situations 24 hours per day as needed. **After hours support can be contacted by calling # 609 965-4873.**

As a consumer of CSS, I also agree to the following responsibilities and obligations:

- ◆ To collaborate with staff to identify and achieve goals as indicated on my IRP
- ◆ To respect the rights, privacy and quiet enjoyment of housemates and/or neighbors
- ◆ To maintain my home in good repair and a sanitary degree of cleanliness

[If you need help cleaning, we can refer you to someone who cleans for you at your expense.]

- ◆ To report any repair needs to the landlord
- ◆ To not use illegal substances and engage in illegal activities

- ◆ To allow support staff safe access to my home. Support staff and/or the landlord will give me prior notice 24 hours in advance except in critical life situations where there is concern for my welfare, welfare of others, or property.

I understand that if I have questions or concerns I will contact my designated support worker.

I understand that I have rights, and have been provided a copy of Rights of Individuals Receiving Services which will not be violated (See Attached Rights of Individuals Receiving Services.)

I understand if I have a complaint I may follow the Grievance Procedure and have been provided a copy of CODI's Grievance Procedure (See Attached Grievance Procedure.)

I understand I may review CODI's CSS policies and procedures located at 901 Atlantic Avenue, Egg Harbor City by contacting VP of Residential Services Audrey Massler at #609 965-6871.

I understand that CODI's Community Support Services program is a voluntary program.

I also understand that this agreement has no end date and I cannot be terminated from receiving Community Support Services except in the following situations:

- ◆ If I have achieved my IRP goals and no longer need any further support from CODI
- ◆ If I am out of contact with the program for a continuous period of [90] days after staff has made reasonable attempts to contact me
- ◆ If I leave the Atlantic County and I am no longer accessible to staff
- ◆ If I repeatedly violate a reasonable rule governing conduct after CODI has provided me written notice to cease violating that rule in accordance with NJAC 10:37.

In addition, I understand that I may always re-apply for CODI Community Support Services after termination and my case may be re-opened, should I choose to receive such services.

Consumer Signature _____

Date: _____

Witnessed by: _____

Date: _____

ATLANTIC CITY RENAISSANCE CORPORATION

A New Jersey 501(c)(3) Nonprofit Corporation | Atlantic City, New Jersey

SERVICE PARTICIPATION AGREEMENT

Program:	ACRC Transitional Housing and Recovery Support Program		
Participant:		Case Manager:	
Address:		Effective Date:	
Term From:		Term To:	

1. PURPOSE

This Service Participation Agreement ("Agreement") sets the terms under which the Participant will receive services through the ACRC Transitional Housing and Recovery Support Program ("Program"), operated by Atlantic City Renaissance Corporation ("ACRC"). The Program provides housing-related support, resources, and services to help Participants achieve and maintain stable housing. This Agreement is not a lease, rental agreement, or property management contract unless otherwise specified in writing.

2. SERVICES PROVIDED

Subject to availability and eligibility, the Program may provide:

- Housing placement assistance
- Rental assistance
- Case management services
- Financial literacy education
- Employment and benefits counseling
- Life skills training
- Referrals to healthcare, counseling, and community resources
- Tenant education and advocacy
- Other housing-related support services

ACRC may modify services based on funding, availability, or Participant needs.

3. PARTICIPANT RESPONSIBILITIES

The Participant agrees to:

A. Maintain Eligibility

- Provide accurate and complete information to Program staff.
- Notify the Program of any change in income, household composition, employment status, contact information, or housing status within ten (10) business days.

B. Participate in Services

- Attend scheduled meetings, assessments, and appointments.
- Engage in service planning and goal-setting activities.
- Cooperate with Program staff to develop and carry out a housing stability plan.

C. Comply with Housing Requirements

- Follow all applicable lease terms and property rules.
- Follow all programmatic rules, house rules, and policies of the housing facility.
- Keep the housing unit safe and sanitary.
- Avoid any activity that threatens the safety, well-being, or rights of others.

D. Financial Responsibilities

- Pay any required participant contributions, rent portions, utilities, or fees as required by the Program or housing provider.
- Provide documentation needed to verify income and eligibility.

4. ACRC RESPONSIBILITIES

ACRC agrees to:

- Treat Participants with dignity and respect.
- Provide services in a professional and nondiscriminatory manner.
- Keep Participant information confidential as permitted by law.
- Inform Participants of available services, requirements, and significant Program changes.
- Respond to Participant questions and concerns in a timely manner.

5. CONFIDENTIALITY

Information collected by ACRC will be kept confidential and used only for Program administration, service coordination, reporting requirements, and legal compliance, except as authorized by the Participant or required by law. The Participant may be asked to sign separate consent forms authorizing release of information to other service providers, landlords, or agencies.

6. NONDISCRIMINATION

ACRC does not discriminate based on race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, veteran status, marital status, or any other characteristic protected under applicable law.

7. GRIEVANCE PROCEDURE

Participants may raise complaints or grievances regarding Program services as follows:

1. Submit a written complaint to the Program Representative.
2. Participate in a review meeting, if requested.
3. Receive a written response stating the outcome of the review.

Filing a grievance will not result in retaliation.

8. TERMINATION OF PARTICIPATION

Participation may be terminated for any of the following reasons:

- Failure to maintain Program eligibility.
- Repeated failure to participate in required services.
- Fraud, misrepresentation, or intentional withholding of information.
- Threatening, violent, or illegal behavior.
- Violation of Program policies.

When practicable, ACRC will provide written notice of termination and information on any appeal process. Participants may withdraw voluntarily at any time by providing written notice.

9. LIMITATION OF SERVICES

ACRC does not guarantee permanent housing placement, approval for rental assistance, continued funding availability, or employment, benefits, or any specific housing outcome. Services are contingent on available resources, eligibility, and Program requirements.

10. INDEMNIFICATION

To the extent permitted by law, the Participant agrees that ACRC shall not be liable for losses, damages, injuries, or claims arising from the Participant's actions, omissions, or use of housing services, except where caused by the negligence or willful misconduct of ACRC.

11. ACKNOWLEDGMENT

By signing below, the Participant acknowledges that they:

- Have read and understand this Agreement.
- Have had an opportunity to ask questions.
- Agree to comply with Program requirements.
- Understand that participation is voluntary and subject to Program policies.

PARTICIPANT

Name: _____

Signature: _____

Date: _____

Initials: _____

EMERGENCY CONTACT (OPTIONAL)

Name: _____

Phone: _____

ACRC REPRESENTATIVE

Name: _____

Title: _____

Signature: _____

Date: _____

Relationship: _____

1C-10

Evidence of Coordination and Non-Interference with Local Efforts to Advance Public
Safety
Atlantic City Police Dept

September 24, 2026

U.S. Department of Housing and Urban Development, Office of Community Planning and Development

RE: Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety, FY 2026 Continuum of Care Program Competition

To Whom It May Concern:

I am writing on behalf of the Atlantic City Police Department in my capacity as Director of Public Safety to confirm our working relationship with the City of Atlantic City and Atlantic County Continuum of Care in support of the FY 2026 CoC Program application.

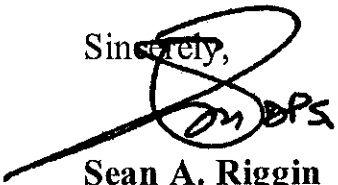
The Atlantic City Police Department is responsible for law enforcement and public safety in the CoC's geographic area. Our agency has worked with the CoC through participation in CoC meetings, joint street outreach, and referral coordination.

Based on our experience, I can confirm the following:

1. The CoC cooperates with the Atlantic City Police Department and has not interfered with or impeded our efforts to advance public safety in our community. The CoC also supports first responders in connecting people experiencing homelessness to services.
2. The CoC has not obstructed our efforts to address tents and encampments on public property.
3. The CoC has not obstructed our efforts to reduce public drug use.
4. The CoC has not obstructed our agency from connecting individuals to evaluation, crisis response, or treatment under applicable state and local standards.
5. The CoC has not impeded on information sharing consistent with the Sex Offender Registry and Notification Act (SORNA) and applicable law.

I am available to answer questions about this letter and can be reached at 609-347-5474 or sriggin@acnj.gov

Sincerely,

A handwritten signature in black ink, appearing to read "SA Riggin", is written over the word "Sincerely,".

Sean A. Riggin
Director of Public Safety
City of Atlantic City
2715 Atlantic Avenue
Atlantic City, NJ 08401

1D-1

Local Competition Scoring Tool

2026 ACC CoC Local Competition New Project Scoring Tool

Agency Name: _____

Project Name: _____

Project Type: _____

Renewal or New Project: _____

DV Focused Project? _____

THRESHOLD REVIEW		Response
1. Is the project an eligible HUD component under the FY2026 CoC Competition?		
2. Does the organization agree to become a member of the Atlantic CoC?		
3. Does the program agree to participate in Coordinated Entry?		
4. Does the program agree to participate in HMIS or a comparable database for Domestic Violence programs?		
5. Is this project applying as a transition grant?		
LOCAL APPLICATION - New & Renewal Projects		Possible Score
Overall Scope and Service Provision - All new projects projects		Score
1. Applicant Provides a complete and concise description that addresses the entire scope of the proposed project. In order to receive full points, the narrative must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), and projected outcome(s).	20	
2. Applicant provides A) depth and breadth of experience providing similar housing services to the homeless; and B) Depth and breadth of experience providing similar supportive services to the homeless	10	
3. Applicant demonstrates a plan for rapid implementation of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award.	5	
4. The project is necessary to assist people in exiting homelessness and increasing self-sufficiency.	10	
5. The project demonstrates that supportive services are a requirement of the program.	10	
6. PH or TH Only: Are there substance abuse treatment services available on-site for this project?	5	
7. Do the supportive services and assistance that will be offered ensure that the participant is able to successfully obtain and retain permanent housing?	10	
New Transitional Housing Projects ONLY		
1. The project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing.	5	
2. The applicant has previously operated or currently operates a transitional housing or another homelessness project, or has a plan in place to ensure that at least 50% of participants exit within 24 months and at least 50% exit with employment income.	5	
3. The project demonstrates that the it will provide 20 hours per week of customized services for each participant. The 40 hours a week may be reduced proportionately for participants who are employed and does not apply to participants over age 62 or who have a physical or development disability/	10	
New Supportive Services Only Projects ONLY		
1. The project has a strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.	10	
2. OUTREACH ONLY - The applicant has a history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs reunifications with family, transitional housing or independent living. The applicant will cooperate, assist, and not interfere or impede with law enforcement to enforce local laws such as public camping and public drug use laws.	5	
New Permanent Housing Projects (PSH & RRH) ONLY		
1. Project is dedicated to families with children.	5	
2. RRH ONLY - Applicant has previously operated homelessness projects where at least 50% of participants exit within 24 months and at least 50% of participants exit with employment income.	5	
New Domestic Violence Projects Only		
1. Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.	5	
Project Budget and Application Submission - All New Projects		
1. Budget items correlate with program design, goals and performance	5	
2. Project's cost effectiveness - per household cost is less than average (up to 5 points), per household is comparable to average (up to 3 points), per household cost is more than average (1 point or less)	5	
3. The project will be supplemented with resources from other public or private sources which may include mainstream health, social and employment programs such as Medicare, Medicaid, SSI, and SNAP.	5	
4. Timeliness, organization and detail of application and budget	5	

New Project Scoring	Possible Score	Final Score	Final Percentage
Overall Scope and Service Provision	70	0	0%
Project Type Specific Points	40	0	0%
Project Budget and Application Submission	20	0	0%
Total	130	0	0%

2026 ACC CoC Local Competition Renewal Project Scoring Tool

Agency Name: _____

Project Name: _____

Project Type: _____

Renewal or New Project: _____

DV Focused Project? _____

THRESHOLD REVIEW			Response
1. Is the project an eligible HUD component under the FY2026 CoC Competition?			
2. Does the project utilize racial preference, other illegal discrimination or uses a definition of sex other than as binary in humans?			
3. Does the project operate "safe consumption sites" under the pretext of "harm reduction?"			
OBJECTIVE CRITERIA - System Performance & Project Monitoring	Result	Possible Score	Score
<i>System Performance</i>			
1. Program operates at least 90% capacity		10	
2. 85% of households are receiving some form of income		5	
3. 20% of households are connected to earned income		10	
4. 85% of households are connected to mainstream benefits, including healthcare		5	
5. 20% of households will exit to unsubsidized permanent housing		5	
6. 85% of households will remain in or will exit to permanent housing		10	
7. 90% of households exiting permanent housing will not return to homelessness		10	
<i>General Program Implementation</i>			
1. Did the agency attend at least 4 of the last 6 CoC meetings?		3	
2. Did all client files contain all required documentation?		10	
<i>Program Prioritization, Referrals and Eligibility</i>			
1. All new clients that entered the program in 2025 came through JFS-SPOE		5	
2. All clients are eligible based on homeless status		5	
3. For PSH, all clients are eligible based on having a disabling condition		5	
<i>Supportive Services</i>			
1. Are individualized services plans created with all clients?		5	
2. Did all client files contain evidence of supportive services?		5	
<i>Financial Review</i>			
1. Agency conducts at least quarterly drawdowns		5	
2. Based on the most recent APR, the project utilized at least 85% of HUD funding		5	
3. Based on the most recent APR, adequate match is being provided by the project		5	
4. Does the organization have a chart of accounts and an accounting manual which includes written procedures for the authorization and recording of transactions?		5	
5. Does the organization have documentation of adequate separation of duties for all financial transactions (that is, all financial transactions require the involvement of at least two individuals)?		5	
6. Does the organization have any outstanding debts?		5	
7. Are the program expenditures in line with the contracted number of households to be served?		9	
8. Did the organization have an audit completed within the last 12 months that was conducted consistent with the standards of OMB A-133?		5	
8a. If there were audit citations, have steps been taken to ensure a timely resolution of these findings/citations?		5	
<i>Program and Organization Oversight</i>			
1. The project submitted the most recent APR to HUD within the 90 days window		5	
2. Does the agency have a current and approved Code of Ethics on file with HUD?		3	
3. Does the agency have a signed copy of the most recent grant agreement?		5	
LOCAL APPLICATION			Possible Score
			Score
<i>Target Population - All Projects</i>			
1. % of clients who belong to one or more vulnerable subpopulation (chronically homeless, substance use, mental health,		5	
<i>Service Provision - All projects</i>			
1. Are supportive services a requirement for program participation?		10	
2. Are there substance abuse treatment services available on-site for this project?		5	
3. Do the supportive services and assistance that will be offered ensure that the participant is able to successfully obtain and retain permanent housing?		5	
<i>Moving On Efforts - PSH RENEWALS ONLY</i>			
1. Applicant tries to move clients on from CoC vouchers. Maximum points if PSH has positive exits to other non-CoC permanent housing.		5	
<i>Domestic Violence Projects ONLY</i>			
1. Applicant clearly demonstrates how the project will improve the safety of victims of domestic violence entering the project.		5	
<i>Project Budget and Application Submission</i>			
1. Budget items correlate with program design, goals and performance		5	
2. Project's cost effectiveness - per household cost is less than average (up to 5 points), per household is comparable to average (up to 3 points), per household cost is more than average (1 point or less)		5	
3. The project has been ranked within Tier 1 for the CoC for the last 3 competitions.		3	
4. Timeliness, organization and detail of application and budget		2	

Renewal Project Scoring	Possible Score	Final Score	Final Percentage
Objective Criteria - System Performance & Project Monitoring	155	0	0%
Local Application	45	0	0%
Total	200	0	0%

1D-2c

Local Competition Selection Results

[illegible]

2A-8b

FY 2026 HDX Competition Report

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.

2025 HDX Competition Report

2026 Competition Report - Summary

NJ-500 - Atlantic City & County 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.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

NJ-500 - Atlantic City & County 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

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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	1,149	63.3	4.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,194	81.6	5.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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”)	1,230	733.8	287.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,275	730.2	314.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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	3	0	0.0%	1	33.3%	0	0.0%	1	33.3%
Exit was from ES	157	33	21.0%	9	5.7%	9	5.7%	51	32.5%
Exit was from TH	29	0	0.0%	2	6.9%	0	0.0%	2	6.9%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	29	0	0.0%	1	3.5%	0	0.0%	1	3.5%
TOTAL Returns to Homelessness	218	33	15.1%	13	6.0%	9	4.1%	55	25.2%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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	1,203
Emergency Shelter Total	1,156
Safe Haven Total	0
Transitional Housing Total	63

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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)	20
Number of adults with increased earned income	0
Percentage of adults who increased earned income	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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)	20
Number of adults with increased non-employment cash income	6
Percentage of adults who increased non-employment cash income	30.0%

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

Metric	Value
Universe: Number of adults (system stayers)	20
Number of adults with increased total income	6
Percentage of adults who increased total income	30.0%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	12
Number of adults who exited with increased earned income	0
Percentage of adults who increased earned income	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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)	12
Number of adults who exited with increased non-employment cash income	4
Percentage of adults who increased non-employment cash income	33.3%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	12
Number of adults who exited with increased total income	4
Percentage of adults who increased total income	33.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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.	1,107
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.	316
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)	791

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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.	1,289
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.	321
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.)	968

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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	53
Of persons above, those who exited to temporary & some institutional destinations	13
Of the persons above, those who exited to permanent housing destinations	3
% Successful exits	30.2%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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	989
Of the persons above, those who exited to permanent housing destinations	194
% Successful exits	19.6%

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	61
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	56
% Successful exits/retention	91.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

NJ-500 - Atlantic City & County 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)	1,161	63	82	230	422
Total Leavers (HMIS)	908	17	21	98	49
Destination of Don't Know, Refused, or Missing (HMIS)	760	0	0	0	0
Destination Error Rate (Calculated)	83.7%	0.0%	0.0%	0.0%	0.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

NJ-500 - Atlantic City & County 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.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NJ-500 - Atlantic City & County 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	142	130	130	0	130	100.0%
SH	0	0	0	0	0	NA
TH	73	68	69	0	69	98.6%
RRH	25	25	25	0	25	100.0%
PSH	176	94	176	0	176	53.4%
OPH	68	0	68	68	0	NA
Total	484	317	468	68	400	79.3%

2025 HDX Competition Report

2026 Competition Report

NJ-500 - Atlantic City & County

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	142	12	12	0	12	100.00%
SH	0	0	0	0	0	NA
TH	73	4	4	0	4	100.00%
RRH	25	0	0	0	0	NA
PSH	176	0	0	0	0	NA
OPH	68	0	0	0	0	NA
Total	484	16	16	0	16	100.00%

2025 HDX Competition Report

2026 Competition Report

NJ-500 - Atlantic City & County

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	142	142	142	100.00%
SH	0	0	0	NA
TH	73	72	73	98.63%
RRH	25	25	25	100.00%
PSH	176	94	176	53.41%
OPH	68	0	0	NA
Total	484	333	416	80.05%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

NJ-500 - Atlantic City & County 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.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

NJ-500 - Atlantic City & County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/27/26	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	232	361	428
Safe Haven Total	0	0	0
Transitional Housing Total	27	46	43
Total Sheltered Count	259	407	471
Total Unsheltered Count	168	275	175
Total Sheltered and Unsheltered Count*	427	682	646

- 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	44	120	163
Total Unsheltered Count	76	184	127
Total	120	304	290

3A-DP

Your CoC's Policy or Statement to Advance Recovery

1) NJ-500 CoC Certification

2) CoC Funded Agencies:

- a) AIM
- b) CSPNJ
- c) CODI
- d) JFS
- e) ACRC

ATLANTIC CITY AND COUNTY CONTINUUM OF CARE

CONTINUUM OF CARE (NJ-500)

Statement to Advance Recovery

Adopted by the CoC Board on September 23rd, 2026

Purpose

The Atlantic City and County Continuum of Care is committed to helping people experiencing homelessness achieve stability, health, and recovery. We recognize that substance use disorders and mental illness are often factors in homelessness. Access to treatment and recovery supports is an important part of ending it.

Our commitments

1. **Connect people to treatment and recovery services.** The CoC will work with local behavioral health providers, health care systems, and recovery organizations so that people experiencing homelessness can access substance use treatment, mental health care, and recovery supports, including through coordinated entry and street outreach.
2. **Strengthen partnerships.** The CoC will maintain working relationships with behavioral health authorities, treatment providers, hospitals, recovery community organizations, peer support organizations, and others to improve referrals and continuity of care.
3. **Support recovery in CoC-funded projects.** The CoC encourages CoC-funded projects to offer or connect participants to treatment and recovery services, including on-site or linked treatment, peer support, and case management.
4. **Encourage participant engagement.** The CoC encourages projects to engage participants in services that support recovery and self-sufficiency, and to offer them consistently and respectfully.
5. **Support people through setbacks.** The CoC will encourage projects to help participants return to treatment and services after a relapse or a difficult period, and to avoid unnecessary exits into homelessness.
6. **Track and improve.** The CoC will review data on housing stability, returns to homelessness, and access to treatment, and will discuss progress with partners at least annually.

Implementation

The CoC Board will share this statement with all CoC-funded project recipients and partner agencies and will review it annually.

Approved by:



Samantha Kiley, CoC Board Chair
September, 23rd, 2026

**Atlantic City and County (ACC) Continuum of Care
Certification to Advance Recovery**

The ACC Continuum of Care is committed to helping people experiencing homelessness achieve stability, health and recovery. We recognize that substance use disorders are factors that may contribute to homelessness and so recovery should be encouraged through all CoC funded projects. For this reason, the CoC is asking all CoC funded providers to certify the following:

- CoC-funded housing projects will not operate drug injection sites or "safe consumption sites", knowingly distribute drug paraphernalia on or off property under its control, knowingly permit the use or distribution of illicit drugs on property under its control, or conduct any of these activities under the pretext of "harm reduction"; and
- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

- The ACC County Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

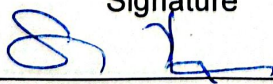
Agency Name: Angels in Motion AIM NJ

Names of CoC Funded Projects: Street Outreach Program

Name

Signature

Susan Long



Executive Director

9/22/26

Title

Date

**Atlantic City and County (ACC) Continuum of Care
Certification to Advance Recovery**

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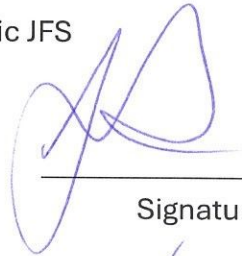
Agency Certification:

Agency Name: Collaborative Support Programs of NJ

Names of CoC Funded Projects: Atlantic JFS

Joan Butcher-Farkas

Name



Signature

Director of Public Housing

Title

09/23/2024

Date

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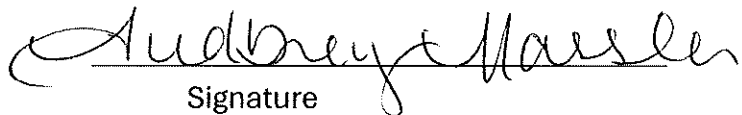
- The ACC County Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance; and
- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification:

Agency Name: Career Opportunity Development Inc.

Names of CoC Funded Projects: Permanent Supported Housing

Audbrey Massler
Name


Signature

Vice President of Residential Services

9/23/2026

Title

Date

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- All CoC-funded projects should encourage and provide opportunity for households to receive substance use disorder treatment and recovery housing, when needed.

By signing this certification, the agency is acknowledging that:

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- If an organization has signed this form, but does not adhere to the certifications listed above, it will be evaluated by the CoC Executive Committee for continuation of its Continuum of Care funding.

Agency Certification

Agency Name: Jewish Family Service

Names of CoC Funded Projects: Coordinated Entry and Coordinated Entry DV



Andrea Steinberg
Name

Signature

Atlantic City and County (ACC) Continuum of Care Certification to Advance Recovery

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Agency Certification:

Agency

Name:

Atlantic City Renaissance Corp.
Michael Shane Cogossi, MBA, Board President

Names

of

CoC

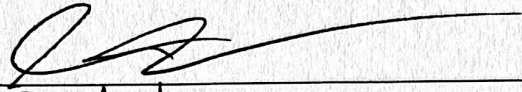
Funded

Projects:

— Atlantic County COX FY26

TH New Project

Name Michael Shane Logossi Signature



President

9/25/26

Title

Date



CITY OF ATLANTIC CITY OFFICE OF THE DIRECTOR OF PUBLIC SAFETY

Public Safety Building – Room 420

2715 Atlantic Ave., Atlantic City, New Jersey 08401

Telephone: (609) 767-9750 Fax: (609) 347-5211

SEAN RIGGIN
DIRECTOR OF PUBLIC SAFETY

To: Chief James Sarkos, ACPD
Atlantic City Communications Department Leadership
Director Jarrod Barnes, COAC Health and Human Services
Tina McGill, Debra White, Office of Homelessness Prevention
Pam Baker, Community Service Partners of NJ

Date: September 22, 2025

Subject: Interim Policy for Dispatching Homelessness Outreach Response

PURPOSE

The purpose of this protocol is to streamline and standardize the City's response to homelessness-related calls by shifting the primary response from law enforcement to outreach and social service providers, while maintaining public safety, compassion, and interagency coordination. It represents a coordinated commitment by the City of Atlantic City, its public safety agencies, and designated outreach providers to respond with clarity, compassion, and operational discipline (see Appendix A for currently authorized providers). While no single approach will resolve every challenge, this shared framework ensures that efforts are consistent, communication is clear, and the focus remains on connecting vulnerable individuals with the right support at the right time.

All participating agencies are expected to review, adhere to, and help improve this protocol through ongoing training, feedback, and collaboration. This interim policy should be reviewed and incorporated through internal departmental policy as appropriate and at the discretion of Directors and Chiefs.

PROCEDURE:

1: INITIAL CONTACT & CALL INTAKE

Confirm Location

- Collect the exact address or specific location (e.g., under boardwalk, near business, abandoned building)
- If the location is high-risk or structurally unsafe, dispatch a Co-Response Unit (Police + Outreach)

Determine Primary Concern & Classify based on caller information:

- Homelessness
- Substance Use (non-overdose, no active criminal activity)
- Welfare Check (no imminent danger)
- Mental Health Support (non-violent)

If overdose, active drug activity, weapons, or criminal concerns are reported: escalate to Police/EMS

2: SAFETY & RISK ASSESSMENT

Weapons Check

- Ask: "Are there any weapons present or accessible?"
- If yes, dispatch Co-Response Unit

Behavioral Risk

Evaluate the individual's demeanor:

- Calm – Outreach Only
- Agitated – Consider Co-Response
- Violent, Threatening, or Suicidal – Upgrade to proper emergency call type (e.g., Suicidal Subject) and dispatch Police + EMS + Outreach

3: SOCIAL SERVICES COORDINATION

Case Information Gathering

Ask the caller:

- Does the individual have an open case with Social Services or a known case worker?
 - Can they provide a name or contact?
- Document in CAD and relay to Outreach Team

4: DISPATCH & ROUTING PROTOCOL

Dispatcher Response Matrix

- Safe, Nonviolent, No Known Threats – Dispatch Outreach Only
- Uncertain, Unsafe, or Escalating Risk – Dispatch Co-Response (Police + Outreach, EMS if needed)
- Medical/Mental Health Crisis – EMS-led response, with Outreach and PD support if required
- Criminal Activity or Weapon Present – Law Enforcement-led response

Response Unit Identification

- A monthly on-call schedule will be maintained, listing the designated point of contact for each contracted provider to reduce confusion and streamline communication
- Communications will use this schedule to identify and contact the appropriate provider

Operational Flexibility Clause

- Outreach providers may not be able to respond to every call in real time due to competing operational priorities
- In such cases, dispatch will either:
 - Route the call to ACPD Patrol if immediate response is required
 - Request permission from the on-duty police supervisor to hold the call until the provider is available
- All such determinations will be documented in CAD

5: SPECIAL ROUTING

Where appropriate, route directly to:

- CSPNJ Outreach Line
- 2-1-1 (General Social Services)
- 9-8-8 (Mental Health Crisis)

6: CAD DOCUMENTATION

Dispatcher Must Record:

- Exact Location
- Primary Concern
- Presence of Weapons
- Behavior/Demeanor
- Social Services Info (if available)
- Response Type: “Outreach Only” or “Co-Response”
- Whether the call was held, transferred, or delayed based on provider availability
- Disposition Code: incident was turned over to outreach provider (unless specifically directed otherwise)

7: FOLLOW-UP AND TRACKING

- Ensure ACPD and initial partner referrals are logged and tracked
- Outreach provider responsible for follow-up on non-criminal encounters

8: TRAINING AND IMPLEMENTATION

- All Communications personnel, ACPD field staff, and Outreach teams will be trained on this policy
- Decision tree charts and quick-reference materials will be provided
- Interagency check-ins will occur monthly to adjust procedures based on data and experience
- The monthly on-call schedule will be distributed at the beginning of each month and reviewed during coordination meetings

APPENDIX A

As of September 1, 2025 the currently authorized outreach providers are as follows:

DIRECTED OUTREACH RESPONSE:

- Community Service Partners of New Jersey (CSPNJ)

CO-RESPONSE:

- Jewish Family Services

ARRIVE PROGRAM:

- AtlantiCare