

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: WY-500 - Wyoming Statewide CoC

1A-2. Collaborative Applicant Name: Institute for Community Alliances

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	
-------	--	--

In the chart below for the period from June 1, 2025 to May 31, 2026:

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

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

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

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	No	
24.	Other nonprofit homeless assistance provider(s)	Yes	7
25.	Other social service provider(s)	Yes	6
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	1
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	No	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	No	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
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	No	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
-------	----------------------------------	--

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Wyoming Continuum of Care (CoC) maintains an open and transparent process for new members to join the CoC. Information about the CoC, membership opportunities, meeting schedules, and contact information is publicly available on the CoC website. Interested individuals and organizations may submit a membership interest form through the website or contact CoC staff directly to request participation in CoC activities and communications.

Opportunities to join the CoC are regularly announced during quarterly CoC membership meetings, annual meetings, community meetings, regional Coordinated Entry meetings, strategic planning sessions, and other public forums. The CoC Coordinator works closely with statewide organizations, state agency partners, regional collaboratives, local providers, and other stakeholders to strengthen partnerships and ensure broad awareness of CoC membership opportunities throughout Wyoming. CoC staff and Board members also share information about membership opportunities during presentations, partner meetings, and discussions with individuals and organizations interested in homelessness planning and response efforts across the state.

The process for becoming a CoC member is straightforward. Individuals and organizations that express interest in participating are added to the CoC membership and distribution list to receive meeting notices, updates, training opportunities, and other CoC communications. Information about participation opportunities, Board vacancies, committee work, and upcoming meetings is shared through the CoC website, email communications, social media platforms, and partner networks throughout the year.

Through these publicly available outreach efforts and ongoing collaboration with statewide partners, the Wyoming CoC ensures that opportunities for membership are broadly communicated and available to interested individuals and organizations across Wyoming on at least an annual basis.

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

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

(limit 2,500 characters)

The Wyoming Continuum of Care (CoC) maintains a transparent process for soliciting and considering input regarding the CoC's general performance, strategies, and priority-setting activities. Opportunities for participation are publicly communicated through the CoC website, email distribution lists, meeting notices, and other stakeholder communications. Meeting agendas, minutes, and supporting materials are posted on the CoC website to ensure stakeholders have access to information and opportunities to provide feedback.

Input is solicited from a broad range of stakeholders, including service providers, housing organizations, advocates, individuals with lived experience, local governments, Tribal partners, healthcare providers, behavioral health providers, victim service providers, funders, and other community members interested in preventing and ending homelessness. Stakeholders are encouraged to provide feedback during quarterly CoC membership meetings, Board meetings, strategic planning sessions, regional Coordinated Entry meetings, and other community discussions.

Agendas routinely include opportunities for discussion and public input related to homelessness needs, service gaps, system performance, funding priorities, and strategic planning efforts. Feedback received during meetings is documented in meeting minutes and reviewed by the Board when establishing priorities, developing strategies, and making decisions related to CoC activities.

In 2025, the Wyoming CoC partnered with the University of Wyoming's Wyoming Survey & Analysis Center (WYSAC) to complete a statewide gaps analysis that gathered stakeholder input from communities across Wyoming. Findings were reviewed by the CoC Board and used to inform the CoC Strategic Plan, identify service gaps and priorities, and establish the CoC's regional structure.

The CoC also implemented Feedback Friday in 2025. Feedback Friday is an open forum that invites CoC members and stakeholders to share concerns, ideas, and recommendations. The informal structure allows participants to bring forward any topic relevant to homelessness in Wyoming. Discussions have included Point-in-Time Count planning, the CoC competition process, and community-identified service gaps. Feedback is shared with CoC leadership and considered as part of CoC planning and decision-making.

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

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The Wyoming Continuum of Care (CoC) maintains a transparent and publicly advertised process for accepting and considering proposals from all eligible organizations, including organizations that have not previously received CoC Program funding and faith-based organizations.

Following HUD's release of the FY 2026 CoC NOFO, the Wyoming CoC issued a statewide public announcement on June 11, 2026. The announcement was distributed to 25 newspapers, radio stations, and online news organizations across Wyoming, emailed to the CoC membership distribution list, and posted on the CoC website. All interested organizations were invited to participate in the local competition process and attend a public NOFO information meeting held on June 15, 2026.

The CoC's local competition timeline, Letter of Intent (LOI) process, and competition information were publicly posted on the CoC website. The LOI process opened on June 17, 2026. On June 29, 2026, the CoC published application materials, including New Project and Renewal Project applications, Frequently Asked Questions, and the CoC's Review, Scoring, and Ranking Procedures. These materials outlined application requirements, competition deadlines, scoring criteria, appeal procedures, funding information, and project ranking processes.

The CoC Coordinator provided technical assistance and responded to questions from interested applicants regarding HUD requirements, local competition procedures, and e-snaps navigation. Organizations that had not previously received CoC Program funding, including faith-based organizations, were afforded the same opportunity to apply and were evaluated using the same published criteria and review process as all other applicants.

Following court action affecting the FY 2026 NOFO and subsequent revised guidance from HUD, the Wyoming CoC promptly posted the revised timeline and competition materials on its website and notified applicants and the full CoC membership through email communications. The competition was reopened to ensure all interested applicants had an opportunity to participate under the revised requirements and timelines.

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

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

(limit 2,500 characters)

Wyoming CoC has identified system-level barriers that limit access to homelessness assistance and housing interventions across its frontier and rural communities. Findings from the 2025 Gaps Analysis, HMIS data, Coordinated Entry discussions, and stakeholder feedback identified service deserts, transportation barriers, limited provider capacity, inconsistent access to housing and supportive services, and the need for stronger statewide coordination. These challenges disproportionately affect Tribal communities, youth, survivors of domestic violence, veterans, individuals experiencing chronic homelessness, and households in rural areas.

To address these gaps, Wyoming CoC will implement a statewide regional framework to strengthen provider coordination, improve communication, and increase access to evidence-based interventions that reduce homelessness. The framework will improve connections to Coordinated Entry, Permanent Supportive Housing, Rapid Re-Housing, housing navigation, mainstream benefits, supportive services, diversion strategies, and other housing resources. The CoC Coordinator will work with statewide organizations, state agencies, Tribal entities, victim service providers, youth-serving organizations, healthcare systems, workforce partners, schools, local governments, and housing providers to identify gaps, strengthen partnerships, and improve access to housing and services. Targeted efforts will focus on Tribal communities, youth and young adults, survivors of domestic violence, veterans, and individuals experiencing chronic homelessness.

By the end of the grant period, Wyoming CoC will: (1) implement the Board-approved regional framework; (2) establish regional contacts and reporting processes; (3) conduct quarterly reviews of HMIS, Coordinated Entry, and System Performance Measure data; (4) provide at least two statewide trainings on system coordination and homelessness interventions; (5) conduct outreach and engagement activities in all regions; and (6) implement a statewide resource coordination strategy to improve access to housing and supportive services.

1B-5a Confirmation of Plan Coverage.

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

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

1C. Coordination and Engagement

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

	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?	40%

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

(limit 2,500 characters)

As a rural and frontier state, Wyoming relies on a network of behavioral health, healthcare, and recovery providers to support individuals experiencing homelessness. Available services include outpatient substance use treatment, medication-assisted treatment (MAT), detoxification and withdrawal management, inpatient behavioral health treatment, recovery housing, sober living programs, peer recovery services, crisis stabilization, and recovery support groups. Key treatment and recovery providers identified by CoC agencies include Central Wyoming Counseling Center, Volunteers of America Northern Rockies (VOANR), Wyoming Behavioral Institute, Wyoming Recovery, local Health Care for the Homeless programs, hospitals, and community recovery organizations. Additional supports include 988 crisis services, crisis stabilization programs, and peer-support and recovery groups such as Alcoholics Anonymous.

Individuals experiencing homelessness access these services through street outreach, Coordinated Entry, emergency shelter, transitional housing, permanent supportive housing, rapid rehousing programs, healthcare providers, veteran-serving programs, crisis response systems, and direct case management. Providers assist participants through warm handoffs, transportation assistance, coordinated case planning, healthcare navigation, and referrals to treatment providers. Several housing and shelter programs maintain close partnerships with behavioral health and recovery providers to support ongoing treatment engagement and housing stability.

Wyoming's rural and frontier geography creates challenges including long travel distances, transportation barriers, workforce shortages, and limited treatment capacity in some communities. To address these barriers, providers coordinate transportation assistance, connect participants with regional treatment resources, utilize crisis response and recovery services, and leverage partnerships with healthcare, behavioral health, recovery, and veteran-serving organizations to improve access to treatment throughout the state.

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)

Wyoming CoC agencies work closely with behavioral health, healthcare, and recovery providers to ensure individuals experiencing homelessness can access outpatient mental health and substance use treatment, medication management, crisis intervention, psychosocial supports, and long-term recovery services.

Participating agencies identified partnerships with Central Wyoming Counseling Center (CWCC), a CCBHC/CMHC providing outpatient and inpatient behavioral health treatment, detoxification and assessment services, medication-assisted treatment (MAT), peer recovery support, crisis response services, and coordinated care. Volunteers of America Northern Rockies (VOANR), a CoC applicant and Community Mental Health Center serving portions of Northeast and Southeast Wyoming, provides behavioral health and substance use treatment services through multiple program lines. Additional treatment partners identified by agencies include Wyoming Behavioral Institute, Wyoming Recovery, local Health Care for the Homeless programs, hospitals, and community recovery organizations.

Agencies reported utilizing a range of psychosocial interventions and recovery supports including individual counseling, group therapy, family therapy, psychosocial rehabilitation, peer recovery coaching, recovery housing, sober living environments, and trauma-informed service planning. CAPNC reported an integrated care model that combines primary healthcare, behavioral health treatment, substance use treatment, medication management, peer support, Community Health Workers, Patient Navigators, and coordinated case planning through partnerships with CWCC and Health Care for the Homeless programs.

Suicide prevention and crisis intervention supports reported by agencies include 988, crisis stabilization services, community crisis response systems, behavioral health providers, and recovery support networks. Through these partnerships and project-level service models, households experiencing homelessness can access clinical treatment, medication management, recovery supports, and ongoing care coordination that support recovery, wellness, and housing stability

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)

Wyoming CoC projects provide access to peer support and recovery navigation through Peer Support Specialists, Peer Support Opioid Navigators, Patient Navigators, Community Health Workers, Recovery Community Organizations, recovery housing, sober living environments, and mutual support groups.

CAPNC reported incorporating Peer Support Opioid Navigators, Patient Navigators, Community Health Workers, peer recovery supports, and Recovery Community Organizations into an integrated service model that connects participants to behavioral health treatment, substance use treatment, healthcare services, and housing resources. These supports help individuals engage in treatment, navigate service systems, maintain recovery, and work toward housing stability.

Additional recovery supports available through CoC projects include recovery housing, sober living environments, Alcoholics Anonymous, and other community-based recovery supports. Peer support and recovery navigation are incorporated into case management, coordinated care planning, treatment engagement, and recovery-focused housing programs to help individuals experiencing homelessness build recovery capital, increase self-sufficiency, and sustain long-term housing stability

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)

Wyoming CoC projects identify individuals experiencing serious mental illness through behavioral health assessments, crisis response services, healthcare partnerships, case management, and ongoing participant monitoring. Projects connect individuals to behavioral health treatment, psychiatric services, medication management, crisis stabilization, inpatient behavioral health treatment, and community-based supports through partnerships with Central Wyoming Counseling Center (CWCC), Wyoming Behavioral Institute, Volunteers of America Northern Rockies (VOANR), local Health Care for the Homeless programs, hospitals, and other behavioral health providers.

While projects did not identify formal Assertive Community Treatment (ACT) teams, they described integrated service models that combine intensive care coordination with behavioral health treatment, healthcare services, crisis response, and housing supports. CAPNC utilizes Community Health Workers, Patient Navigators, Peer Support Opioid Navigators, primary healthcare providers, behavioral health professionals, and coordinated case planning to support individuals with significant behavioral health needs. CAPNC also coordinates with community crisis response systems, specialty courts, parole and probation, and multidisciplinary case staffing to promote stability and access to treatment.

Projects use ongoing assessment and treatment planning to identify participants who need a higher level of care and facilitate referrals to inpatient behavioral health treatment, residential treatment, medical respite, assisted living, or other specialized services when appropriate. These coordinated approaches help individuals access comprehensive treatment, maintain stability, and sustain 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)

Wyoming CoC projects coordinate with providers and entities serving individuals involved in Drug Courts, specialty courts, and other justice-system programs. CAPNC partners with Drug Court, diversion programs, community crisis response systems, specialty courts, parole and probation, and the Department of Corrections to support individuals experiencing behavioral health and substance use disorders.

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)

Wyoming CoC projects coordinate with providers and entities serving individuals involved in Drug Courts, specialty courts, and other justice-system programs. CAPNC partners with Drug Court, diversion programs, community crisis response systems, specialty courts, parole and probation, and the Department of Corrections to support individuals experiencing behavioral health and substance use disorders. CAPNC also partners with Central Wyoming Counseling Center to connect participants with behavioral health treatment, coordinated care planning, and supportive services. Through these project-level partnerships, participants receive treatment, recovery supports, healthcare services, case management, and housing assistance that support compliance with court-ordered requirements, housing stability, and movement 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)

Wyoming CoC projects coordinate with local crisis systems of care to connect individuals experiencing homelessness with crisis response, stabilization, and behavioral health services. CAPNC coordinates with community crisis response systems and utilizes crisis stabilization services, 988 resources, and behavioral health providers as part of an integrated care model. CAPNC also coordinates with community behavioral health providers and multidisciplinary response systems to connect individuals exp

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	15

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

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

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

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

(limit 500 characters)

CAPNC partners with Central Wyoming Counseling Center (CWCC), a CCBHC/CMHC that provides outpatient and inpatient behavioral health treatment, crisis response, detoxification and assessment services, medication-assisted treatment (MAT), and coordinated care. CAPNC integrates these services with healthcare, housing, and case management supports to assist individuals experiencing homelessness.

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)

None of the new or existing CoC Program-funded projects included in the Wyoming CoC application operate sober housing in accordance with 24 CFR 578.93(b)(5). Wyoming CoC projects connect participants to recovery housing, sober living environments, and community-based recovery supports when appropriate.

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)

Wyoming CoC projects facilitate warm hand-offs through coordinated case management, care planning, healthcare navigation, and direct referrals between behavioral health providers, recovery supports, healthcare services, and housing programs. CAPNC combines primary healthcare, behavioral health treatment, substance use treatment, medication management, Community Health Workers, Patient Navigators, Peer Support Opioid Navigators, and coordinated case planning to connect participants with treatment while addressing housing needs.

CAPNC coordinates with Central Wyoming Counseling Center (CWCC), community crisis response systems, specialty courts, parole and probation, the Department of Corrections, and healthcare providers to support treatment engagement and housing stability. When participants require a higher level of care, CAPNC coordinates referrals to inpatient behavioral health treatment, residential treatment, medical respite, assisted living, or other specialized services while maintaining housing-focused case planning and support.

Recovery Community Organizations, recovery housing, sober living environments, Alcoholics Anonymous, behavioral health providers, and crisis stabilization services provide additional support. These connections help participants transition from crisis services, treatment, and recovery programs into stable housing while maintaining access to healthcare, behavioral health treatment, case management, and recovery supports.

1C-2.	Supportive Services Investment.	
-------	---------------------------------	--

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$1,011,237
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.	\$525,808
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	52%
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.	\$129,442
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).	65%

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%
--	---------

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)

Wyoming CoC consults with ESG recipients through CoC membership meetings, committee meetings, Coordinated Entry (CE) activities, regional planning efforts, and ongoing discussions regarding service gaps, funding priorities, and community needs. ESG recipients participate in Wyoming's statewide "No Wrong Door" Coordinated Entry system and collaborate with the CoC on referral processes, prioritization, outreach, emergency shelter operations, homelessness prevention, rapid rehousing, and housing stabilization activities.

The CoC uses HMIS, PIT, HIC, Coordinated Entry, and System Performance Measure (SPM) data to evaluate system performance, identify service gaps, and inform planning discussions related to ESG-funded activities. HMIS supports coordinated referrals, prioritization, and performance monitoring across the homelessness response system. Data quality, timeliness, and completeness are reviewed regularly, and participating agencies receive ongoing training and technical assistance to improve reporting and system performance.

The Wyoming ESG Program Coordinator maintains a standing invitation to attend Wyoming CoC Board meetings and planning discussions, supporting ongoing consultation regarding homelessness trends, service gaps, funding priorities, and coordinated system planning. The Wyoming CoC and Wyoming ESG Program also jointly hosted their annual in-person meetings in Riverton, allowing CoC recipients, ESG recipients, and shared partner organizations to participate in coordinated planning, training, and collaboration activities while reducing travel burdens across Wyoming's large geographic area.

The CoC will continue consulting with ESG recipients through regular meetings, Coordinated Entry coordination, HMIS-informed planning, data review, and regional collaboration to support informed ESG funding decisions and a coordinated homelessness response system.

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)

Wyoming CoC coordinates with emergency shelter providers through the statewide “No Wrong Door” Coordinated Entry (CE) system to connect individuals and families experiencing homelessness with housing and supportive services. Shelter providers serve as key access points to the CoC by helping households complete CE assessments, access referrals, and connect to rapid rehousing, permanent supportive housing, mainstream benefits, and other community resources.

Shelter providers participate in Coordinated Entry referrals, case conferencing, housing planning, and regular communication with CoC partners. Weekly regional and monthly statewide case conferencing meetings help providers identify housing opportunities, address barriers, coordinate services, and connect households to the most appropriate housing interventions and supports. Providers also work with healthcare, behavioral health, victim service, veteran, and housing partners to strengthen connections to needed services.

The CoC uses HMIS and Coordinated Entry tools to track referrals, prioritization, housing vacancies, and program connections. HMIS, Coordinated Entry, PIT, HIC, and System Performance Measure data help the CoC and shelter providers evaluate outcomes, identify service gaps, improve performance, and inform planning. Wyoming’s HMIS Lead Agency supports these efforts through training, technical assistance, reporting, and ongoing data quality monitoring.

Through shared data, coordinated referrals, case conferencing, and collaborative planning, Wyoming CoC and emergency shelter providers work together to improve access to housing, reduce duplication of services, and help individuals and families quickly connect to CoC-funded housing and supportive services.

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)

Wyoming CoC actively shares PIT, HIC, HMIS, and System Performance Measure (SPM) data with state and local government partners in accordance with applicable laws and the CoC HMIS Policies and Procedures. The CoC does not publicly disclose personally identifiable information through these activities.

Wyoming's HMIS Lead Agency maintains publicly accessible dashboards that provide regularly updated HMIS, PIT, HIC, and SPM data. These dashboards provide information on homelessness trends, system utilization, demographic characteristics, housing outcomes, and system performance. State and local government agencies, service providers, funders, and community stakeholders use this information to identify emerging needs, evaluate system effectiveness, inform policy decisions, guide resource allocation, and target investments.

The CoC Coordinator regularly shares data and system performance information with CoC members, government partners, and stakeholders through email communications, quarterly meetings, annual meetings, individual consultations, and community planning efforts. All CoC meetings are open to the public, providing opportunities to review data, discuss trends, and identify strategies to address local needs.

Wyoming CoC also shares data through statewide and local planning efforts. For example, the CoC used and shared data extensively during the 2025 statewide gaps analysis to identify unmet needs and inform planning discussions. CoC staff and Board members regularly collaborate with city, county, state, tribal, and federal officials by providing data analysis, community-specific reports, and information on homelessness trends and system performance.

Through these efforts, Wyoming CoC promotes transparency, supports evidence-based decision making, strengthens coordinated planning, and helps government partners make informed investments that improve Wyoming's homelessness response system.

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)

Wyoming CoC uses information from healthcare providers, behavioral health providers, crisis response systems, public health partners, courts, corrections systems, parole and probation, and multidisciplinary staffing processes alongside HMIS to improve service delivery and care coordination.

Community Action Partnership of Natrona County (CAPNC) reported an integrated model that combines healthcare, behavioral health treatment, substance use treatment, Community Health Workers, Patient Navigators, Peer Support Opioid Navigators, and coordinated case planning. CAPNC coordinates with Drug Court, Diversion programs, parole and probation, the Department of Corrections, community crisis response systems, healthcare providers, behavioral health providers, and the Community Situation Table to identify needs and coordinate services.

Projects also use healthcare system information, behavioral health provider input, crisis response activities, treatment provider coordination, public health partnerships, and justice-system information to support treatment engagement, housing planning, referrals, and stabilization efforts. By combining HMIS information with healthcare, behavioral health, crisis response, and justice-system data, projects improve care coordination and support individuals with complex medical, behavioral health, and housing needs.

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)

Wyoming CoC projects maintain partnerships with employment and workforce development organizations to improve income, employment, and housing stability. Community Action Partnership of Natrona County (CAPNC) partners with the Wyoming Department of Workforce Services, Wyoming Department of Vocational Rehabilitation, Disability Services, Casper College, and the University of Wyoming to support employment, education, vocational training, and workforce participation.

Council of Community Services (CCS) partners with the Wyoming Department of Workforce Services and employment service providers to support job placement and economic stability. Gillette Abuse Refuge Foundation (GARF) partners with the Workforce Center, Climb Wyoming, and private employers to provide employment support, workforce development, resume development, interview preparation, and job placement assistance. CoC partners also coordinate with workforce development, education, and vocational programs to improve participant access to employment opportunities, income growth, and long-term housing stability.

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)

Wyoming CoC street outreach activities cooperate with first responders, law enforcement, healthcare providers, behavioral health providers, crisis response systems, and community partners to engage individuals experiencing homelessness and connect them with housing and supportive services. Outreach providers coordinate with law enforcement, probation and parole, specialty courts, crisis response systems, and healthcare providers to identify vulnerable individuals and connect them with available resources.

CAPNC reported coordination with community crisis response systems, Drug Court, Diversion programs, parole and probation, the Department of Corrections, the Community Situation Table, and multidisciplinary case staffing processes. CAPNC's developing Mobile Outreach for Vulnerable Engagement (MOVE) initiative partners with the Casper Police Department and Natrona County Health Department to engage vulnerable individuals and connect them with housing and supportive services before crises escalate.

The WY CoC is also actively recruiting law enforcement representation to participate in CoC governance and planning activities in order to strengthen collaboration, improve referral pathways, increase outreach coordination, and support connections between unsheltered individuals and housing and service resources.

These partnerships support referrals to Coordinated Entry, housing navigation, healthcare services, behavioral health treatment, recovery supports, emergency shelter, and other community resources. Ongoing coordination among outreach providers, law enforcement, first responders, healthcare systems, behavioral health providers, and housing programs helps improve engagement with services and increase housing opportunities for individuals experiencing homelessness.

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)

Wyoming CoC projects assist individuals experiencing homelessness with reconnecting to family members and support networks when doing so is safe, appropriate, and consistent with participant goals. Reunification activities include case management, family mediation, counseling referrals, transportation assistance, relocation assistance, and coordination with support systems in other communities.

Community Action Partnership of Natrona County (CAPNC) assists participants with family reconnection through case management, counseling referrals, Recovery Community Organizations, transportation assistance, and participant-directed reunification planning. Good Samaritan Mission assists participants with family reunification, relocation, transportation assistance, and reconnection to support networks. Gillette Abuse Refuge Foundation (GARF) provides transportation assistance, relocation assistance, hotel support when necessary, and coordination with trusted family members and support networks. Volunteers of America Northern Rockies (VOANR) also reported transportation and family reconnection assistance.

Through these efforts, projects help participants reconnect with safe family members, support networks, and community connections that may assist with housing stability, recovery, employment, and long-term self-sufficiency.

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)

Wyoming CoC projects cooperate with law enforcement, parole and probation, the Department of Corrections, behavioral health providers, crisis response systems, healthcare providers, and community organizations to connect individuals experiencing homelessness with treatment, recovery services, shelter, and housing resources. CAPNC coordinates with community crisis response systems, specialty courts, parole and probation, law enforcement, and multidisciplinary case staffing processes to support individuals experiencing behavioral health and substance use disorders. Good Samaritan Mission coordinates with local law enforcement, probation officers, behavioral health providers, and emergency services to connect individuals with shelter, treatment, and recovery supports. Wyoming outreach providers also maintain relationships with healthcare systems, behavioral health providers, probation and parole officers, jails, and crisis response systems to engage unsheltered individuals and connect them with services.

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)

Wyoming CoC leverages street outreach, Coordinated Entry, shelter referrals, healthcare connections, behavioral health services, housing navigation, case management, and coordination with law enforcement and community partners to engage individuals residing in tents and encampments. Agencies identified barriers including limited affordable housing, limited housing inventory, transportation barriers, staffing shortages, participant choice, severe weather, limited treatment resources, and Wyoming's rural and frontier geography. Wyoming's 2026 Point-in-Time Count identified 144 individuals experiencing unsheltered homelessness, reinforcing the need for continued outreach and engagement efforts across the state.

Wyoming does not have a statewide camping or encampment ordinance, and approaches to encampment management vary by community. Emergency shelter resources are concentrated in a limited number of counties, while many communities have no emergency shelter capacity. Wyoming's 2026 Housing Inventory Count identified 234 vacant beds across emergency shelter, transitional housing, and permanent supportive housing inventory, while overall utilization increased from 69% to 76% between 2025 and 2026. Available beds are not always located in the same communities as individuals experiencing unsheltered homelessness. Transportation barriers, long travel distances, limited local treatment resources, employment obligations, family connections, recovery supports, and other local service needs can make relocation to an available bed or housing opportunity impractical. Agencies also identified staffing shortages and participant choice as ongoing barriers affecting access to available housing and services.

To overcome these barriers, Wyoming CoC will continue utilizing statewide Coordinated Entry, regional outreach efforts, healthcare and behavioral health partnerships, shelter connections, case management, and housing navigation to identify available resources, coordinate referrals, connect individuals to shelter and housing opportunities, and support engagement with treatment and recovery services.

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 extent of encampments varies across Wyoming. Agencies reported communities with no encampments, communities with 1-5 encampments, and communities reporting more than 5 encampments. Agencies identified affordable housing shortages, transportation barriers, limited treatment resources, provider shortages, participant choice, severe weather, and Wyoming's rural and frontier geography as factors contributing to unsheltered homelessness.

Wyoming's 2026 Point-in-Time Count identified 560 individuals experiencing homelessness, including 144 individuals experiencing unsheltered homelessness. Emergency shelter resources are concentrated in a limited number of counties, and many communities do not have local emergency shelter capacity. Wyoming's 2026 Housing Inventory Count reported 234 vacant beds across emergency shelter, transitional housing, and permanent supportive housing inventory; however, available shelter, treatment, and housing resources are often not located near the individual seeking assistance. Transportation barriers, long travel distances, treatment needs, employment obligations, family connections, local support networks, and limited local service availability can affect an individual's ability to access services outside their community.

Projects use street outreach, Coordinated Entry, healthcare connections, behavioral health services, shelter connections, transportation assistance, housing navigation, and case management to engage individuals experiencing unsheltered homelessness and connect them with available 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)

Wyoming CoC projects coordinate with behavioral health providers, healthcare providers, recovery organizations, crisis response systems, and specialty courts to connect individuals experiencing substance use disorders with treatment and recovery services. Available supports include outpatient treatment, medication-assisted treatment (MAT), residential treatment, recovery housing, crisis stabilization services, recovery coaching, peer support, and behavioral health treatment. Agencies identified barriers including treatment shortages, transportation barriers, workforce shortages, participant choice, and rural geography. The CoC will continue supporting treatment engagement, coordinated care planning, recovery supports, and referrals to behavioral health and substance use treatment providers.

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)

Agencies identified substance use disorders as an ongoing challenge in multiple Wyoming communities and reported coordinating with behavioral health providers, crisis response systems, healthcare providers, recovery organizations, and specialty courts to support treatment and recovery efforts. Agencies also identified treatment shortages, transportation barriers, workforce shortages, participant choice, and rural geography as barriers affecting treatment access and recovery outcomes. Projects continue connecting individuals to behavioral health treatment, recovery supports, crisis stabilization services, and healthcare resources.

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)

Wyoming CoC projects utilize behavioral health assessments, crisis response systems, crisis stabilization services, healthcare providers, specialty courts, parole and probation, law enforcement, and referrals to higher levels of care to address situations involving individuals who may present a danger to themselves or others. CAPNC coordinates with community crisis response systems, specialty courts, parole and probation, the Department of Corrections, and multidisciplinary case staffing to support individuals experiencing significant behavioral health needs.

Wyoming's rural and frontier geography, transportation barriers, workforce shortages, and limited behavioral health treatment capacity can make it difficult to quickly connect individuals to appropriate levels of care. CoC projects also rely on systems outside their control, including behavioral health and involuntary commitment processes, which may not always result in timely access to treatment or stabilization services.

Wyoming CoC will continue leveraging crisis response systems, crisis stabilization services, behavioral health providers, healthcare partnerships, coordinated case planning, and multidisciplinary coordination to connect individuals with available treatment and support services. Projects will continue working with healthcare, behavioral health, and justice-system partners to promote safety, treatment engagement, housing stability, and recovery.

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)

Publicly available sex offender registry information maintained by law enforcement supports access to SORNA information. Wyoming CoC projects coordinate with law enforcement, parole and probation, the Department of Corrections, and specialty courts while complying with applicable privacy and confidentiality requirements. The CoC is not aware of local policies that restrict access to publicly available SORNA information. Privacy and confidentiality requirements appropriately limit the sharing of participant information beyond what is authorized by law. Wyoming CoC will continue coordinating with justice-system partners and utilizing publicly available registry information while complying with applicable laws and regulations.

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)

Wyoming CoC utilizes a statewide, "no wrong door" Coordinated Entry system and a regional framework to engage individuals and families experiencing homelessness across its large rural and frontier geographic area. Coordinated Entry access points operate throughout the state and use common assessment, referral, and prioritization processes to connect individuals with housing, treatment, recovery supports, and mainstream resources. The CoC's regional framework improves communication among providers, strengthens local outreach efforts, and helps identify regional service gaps and resource needs.

Projects use street outreach, shelter connections, healthcare connections, behavioral health services, transportation assistance, housing navigation, recovery supports, and case management to engage individuals experiencing homelessness. Agencies conduct outreach through shelters, healthcare settings, behavioral health providers, libraries, day centers, crisis systems, and other community locations.

Regional outreach efforts, Coordinated Entry case conferencing, healthcare partnerships, behavioral health providers, veteran-serving organizations, and local service providers help connect individuals and families to housing resources, treatment, recovery supports, employment services, mainstream benefits, and other community resources. These coordinated efforts help identify individuals who may not otherwise seek assistance and connect them with available services throughout Wyoming.

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

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	No
3.	Early Head Start	No
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	No
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.	Department of Family Services Family Support Services	Yes

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
---------	---	--

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

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

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

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

(limit 2,500 characters)

Wyoming CoC maintains a written policy requiring CoC-funded projects to identify households with children or youth and inform them of available educational and family-support services. The policy is implemented through intake, Coordinated Entry, outreach, shelter, housing, and case management activities. When children or youth are present in the household, projects discuss education-related needs and provide information and referrals to schools, childcare assistance, TANF, parenting supports, child healthcare services, educational programs, and other family-support resources, as appropriate. Projects assist households in accessing services through referrals, case management, and community partnerships. The CoC encourages coordination among housing providers, family-serving organizations, educational providers, and community partners to support housing stability and educational continuity for children and youth.

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)

Wyoming CoC projects coordinate with child welfare and foster care systems through housing assistance, case management, family reunification services, and housing stabilization activities. CoC-funded providers work closely with the Wyoming Department of Family Services (DFS) and other family-serving partners to help youth and families access housing, benefits, healthcare, education, childcare, and supportive services.

Volunteers of America Northern Rockies (VOANR) operates an Independent Living Program for youth transitioning from foster care and other public systems of care through agreements with DFS and Chafee-funded supports.

Council of Community Services (CCS) operates Permanent Supportive Housing for families involved with child welfare. The project focuses on family reunification by helping parents maintain housing stability, access supportive services, and safely reunify with children who have been removed from the home. CCS coordinates with DFS, childcare providers, healthcare systems, workforce partners, and family-serving organizations to support successful reunification outcomes.

Other CoC providers strengthen coordination with child welfare systems through family-focused services. CAPNC partners with child welfare, courts, behavioral health providers, and family-serving agencies to support reunification, parenting goals, and housing stability. GARF connects survivors and their children to childcare, education, healthcare, and public benefits. Good Samaritan Mission coordinates with DFS to support parents working toward reunification with their children.

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)

Wyoming CoC coordinates with Runaway and Homeless Youth (RHY)-funded and youth-serving providers through referrals, Coordinated Entry, case conferencing, HMIS participation, project monitoring, and ongoing system planning. The CoC works closely with Youth Emergency Services (Y.E.S.), Wyoming's RHY-funded Basic Center Program provider, which provides crisis intervention, emergency shelter, supportive services, and housing assistance for youth experiencing homelessness.

Wyoming CoC includes RHY-funded and youth-serving providers in Coordinated Entry coordination, case conferencing, and local and statewide planning efforts to identify service gaps, improve referrals, and strengthen housing pathways for youth experiencing homelessness.

Wyoming CoC also collaborates with Youth Alternative Home Association (YAHA) in Evanston and Fremont County Group Home in Riverton. These partnerships strengthen access to shelter, housing, case management, life-skills development, education, and supportive services for youth experiencing homelessness or housing instability.

In addition, Volunteers of America Northern Rockies (VOANR) operates an Independent Living Program for youth transitioning from foster care and other public systems of care through agreements with the Wyoming Department of Family Services and Chafee-funded supports. CoC providers coordinate with these efforts to connect youth to housing, case management, employment services, education, healthcare, and family supports.

Through these partnerships, youth experiencing homelessness and youth transitioning from public systems of care access housing, supportive services, and community resources that promote long-term stability, successful transitions to adulthood, and reduced risk of homelessness.

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)

Council of Community Services (CCS) operates Transitional Sober Living Housing for Homeless Families and provides case management, family reunification, childcare assistance, educational support, parenting resources, and healthcare connections. Gillette Abuse Refuge Foundation (GARF) operates Transitional Housing for survivors and their children. Self Help operates RRH and provides parental support services for 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)

Council of Community Services (CCS) provides employment support, workforce development, job training, benefits assistance, financial literacy education, budgeting classes, transportation assistance, and connections to the Wyoming Department of Workforce Services. CCS also assists families with childcare, healthcare, TANF, and family reunification services that support employment and long-term economic stability.

Gillette Abuse Refuge Foundation (GARF) provides employment support, workforce development, financial literacy education, resume development, interview preparation, and job search assistance. GARF connects participants with the Wyoming Department of Workforce Services, Climb Wyoming, and private employers. GARF also assists participants in accessing childcare, healthcare, education services, public benefits, and other resources that reduce barriers to employment and increase household income.

Through case management, workforce partnerships, financial literacy education, benefits enrollment assistance, job training, and employment placement activities, these projects help families increase earned income and strengthen their ability to obtain and maintain housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Council of Community Services (CCS) leverages mainstream family service systems by connecting families to TANF, childcare assistance, healthcare resources, workforce development services, and benefits enrollment. CCS provides financial literacy education, budgeting classes, employment support, transportation assistance, and connections to the Wyoming Department of Workforce Services to help families increase income and maintain housing stability.

Gillette Abuse Refuge Foundation (GARF) leverages TANF, childcare assistance, healthcare services, public benefits, and workforce resources to support families experiencing homelessness. GARF connects participants to the Wyoming Department of Workforce Services, Climb Wyoming, education services, employment opportunities, and other mainstream resources that reduce barriers to employment and increase household income.

Both projects use case management to connect families with mainstream benefits, employment resources, childcare assistance, healthcare services, and workforce programs that support increased income and long-term housing stability.

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)

Council of Community Services (CCS) combines Transitional Housing with family-focused case management, reunification services, childcare assistance, parenting support, child healthcare connections, education services, TANF enrollment assistance, transportation assistance, and workforce development. CCS helps families access childcare, healthcare, educational resources, public benefits, and reunification services while working toward long-term housing stability.

Gillette Abuse Refuge Foundation (GARF) combines Transitional Housing with childcare assistance, parenting support, child healthcare services, education services, pregnancy-related services, transportation assistance, and ongoing case management. GARF works with local child welfare agencies, school systems, healthcare providers, and community partners to help families access childcare, healthcare, educational services, public benefits, and family-support resources while maintaining stable housing.

Through coordinated case management, referrals, and community partnerships, both projects combine housing assistance with supportive services that address the needs of parents and children and promote family stability, child well-being, and long-term housing outcomes.

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)

Wyoming CoC maintains partnerships with veteran-serving organizations through Coordinated Entry, referrals, housing placement, and supportive service coordination. Two Volunteers of America Northern Rockies (VOANR) SSVF staff serve on the Wyoming CoC Board. VOANR partners with the VA, HUD-VASH, DAV, and GPD programs to connect veterans with housing, healthcare, benefits, and supportive services.

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)

Wyoming CoC partners with victim service providers, including Gillette Abuse Refuge Foundation (GARF) and Self Help Center. GARF operates Transitional Housing for survivors and their children and provides case management and supportive services. Self Help Center operates domestic violence housing and Rapid Rehousing, providing housing assistance, parental support, safety planning, and referrals for survivors.

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)

Wyoming CoC partners with justice system re-entry providers, including Wyoming Department of Corrections, probation and parole, Drug Courts, and Self Help Center. CoC providers coordinate referrals, case management, housing placement, and supportive services for people leaving jail, prison, treatment, and court-ordered programs to reduce homelessness and support successful community reintegration.

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)

Community Action Partnership of Natrona County (CAPNC) provides integrated healthcare, behavioral health treatment, and supportive housing through its co-located Health Care for the Homeless clinic and partnership with Central Wyoming Counseling Center. CAPNC combines primary care, behavioral health services, medication-assisted treatment, Community Health Workers, Patient Navigators, and coordinated case management for people experiencing homelessness.

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)

Community Action Partnership of Natrona County (CAPNC) coordinates with healthcare providers, behavioral health providers, assisted living facilities, residential treatment providers, and medical respite resources to support individuals whose needs exceed community-based housing programs. CAPNC uses ongoing assessment, coordinated care planning, and referrals to connect older adults and individuals with significant medical needs to appropriate levels of care and supportive services.

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)

Community Action Partnership of Natrona County (CAPNC) operates the Lifesteps PSH project, which prioritizes individuals and households experiencing chronic homelessness through Coordinated Entry. Council of Community Services (CCS) also operates PSH projects serving individuals and families experiencing chronic homelessness. Both projects provide permanent housing, case management, and supportive services.

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)

Community Action Partnership of Natrona County (CAPNC)'s Lifesteps PSH project combines Permanent Supportive Housing with integrated healthcare and behavioral health services. Participants receive on-site primary and preventive healthcare through CAPNC's Health Care for the Homeless clinic, including healthcare coordination, Community Health Workers, Patient Navigators, Peer Support Opioid Navigators, medication access, and healthcare navigation. CAPNC integrates behavioral health services into housing and case management through its partnership with Central Wyoming Counseling Center, the behavioral health mobile crisis team, and other community providers. Participants access behavioral health treatment, substance use treatment, psychiatric services, medication-assisted treatment, crisis response services, and recovery supports. Behavioral health needs are regularly assessed through ongoing case management, care coordination, and housing stabilization planning.

Council of Community Services (CCS) provides behavioral health support within its PSH projects serving individuals and families experiencing homelessness. CCS helps participants access outpatient mental health treatment, outpatient substance use treatment, crisis services, peer recovery supports, and community behavioral health providers, including Campbell County Health, Volunteers of America, and Personal Frontiers. On-site case managers coordinate referrals, monitor participant needs, support treatment engagement, and incorporate behavioral health goals into individualized service plans. CCS's family-focused PSH project also coordinates with child welfare partners to support family reunification, housing stability, and participant well-being.

Both projects integrate behavioral health services with permanent housing and ongoing case management to improve housing stability, support recovery, strengthen health outcomes, and reduce returns to homelessness. When participants need a higher level of care, providers coordinate access to inpatient treatment, residential programs, crisis services, medical care, and other specialized supports while maintaining housing-focused case management and service coordination

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)

Community Action Partnership of Natrona County (CAPNC) and Council of Community Services (CCS) assess participant needs through ongoing case management, service planning, and regular communication with healthcare and behavioral health providers. CAPNC's integrated healthcare and behavioral health team monitors changes in health, behavioral health, functioning, and housing stability. When staff identify increased needs, they coordinate assessments and referrals to inpatient behavioral health treatment, residential treatment, medical respite, assisted living, skilled nursing, or other specialized services.

CCS case managers regularly assess participant needs, treatment engagement, recovery progress, and housing stability. Staff coordinate with behavioral health providers, healthcare providers, recovery programs, and community partners to determine when a participant may need a higher level of care and assist with referrals and service connections.

Both projects use ongoing assessment, coordinated care planning, and provider collaboration to identify participants who need more intensive services and support smooth transitions to appropriate levels of care while maintaining housing-focused support whenever possible.

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)

Community Action Partnership of Natrona County (CAPNC) and Council of Community Services (CCS) use ongoing assessments to determine when participants are ready to move to unsubsidized or less intensive permanent housing. Staff regularly review housing stability, tenancy skills, income, employment, service engagement, recovery progress, ability to manage daily living activities, and participant goals. CAPNC's Lifesteps PSH project uses a participant-centered approach that evaluates whether the participant continues to need the intensity of support provided through PSH. When participants demonstrate sustained housing stability, increased self-sufficiency, and readiness for greater independence, staff help them prepare for Housing Choice Vouchers, other permanent housing opportunities, employment advancement, and mainstream resources.

CCS uses regular case management meetings and individualized service planning to assess participant progress and readiness for independent housing. Staff evaluate housing stability, budgeting skills, income growth, employment, recovery goals, and the participant's ability to maintain housing with fewer supports. Participants receive assistance developing tenancy skills, increasing income, accessing benefits, and strengthening support networks to support successful transitions.

Both projects make move-on decisions based on participant readiness rather than length of stay. Participants are not required to leave PSH if they continue to need supportive housing. When a participant chooses and is ready to move, staff provide housing search assistance, transition planning, referrals, and follow-up support to promote long-term housing stability. Successful move-on transitions increase participant independence while creating additional PSH capacity for households experiencing chronic homelessness.

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

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

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

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

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

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

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

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

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
--------	--	--

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/22/2026
--	---	------------

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
--	---	------------

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

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
--	---	-----

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/07/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
--	---	------------

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

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

(limit 2,500 characters)

The Wyoming CoC reviews project performance through its annual monitoring process and local competition process. Each CoC-funded project is monitored annually by the CoC Board using a standardized monitoring tool that assesses project performance, compliance, utilization, data quality, reporting, and project effectiveness. Projects that do not meet monitoring standards may be placed on a Performance Improvement Plan (PIP) with corrective actions and ongoing review until deficiencies are resolved.

Monitoring results and project information are considered as part of the local competition process when evaluating projects for continued funding and potential reallocation. During the FY 2026 local competition, the CoC did not identify any projects as low performing or less needed. Therefore, no projects were reallocated based on low performance or reduced community need.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
--	--	----

2A. Homeless Management Information System (HMIS) and System Performance

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	WellSky
--	---	---------

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

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

2A-3.	PIT Count–Methodology Change.	
-------	-------------------------------	--

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. The Wyoming CoC expanded its unsheltered PIT Count efforts in 2026 by adding participation from Uinta County. This increased geographic coverage and improved the CoC's ability to identify and count individuals experiencing unsheltered homelessness in areas that had previously not participated in the count.

2. The expanded participation improved the completeness and quality of the data collected. Any changes in the number of unsheltered individuals identified between 2025 and 2026 may partially reflect the increased geographic coverage and improved outreach efforts in Uinta and Teton Counties rather than changes in homelessness alone.

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)

Wyoming CoC used street outreach, Coordinated Entry, shelter connections, housing navigation, healthcare connections, behavioral health referrals, transportation assistance, and case management to engage individuals experiencing unsheltered homelessness and reduce encampment activity. Outreach providers worked directly with individuals living in encampments, vehicles, abandoned buildings, and other places not meant for human habitation to connect them with shelter, treatment, recovery services, and housing opportunities.

During the evaluation period, Street Outreach projects served 392 individuals in 369 households. Outreach staff successfully engaged 286 individuals in 278 households who agreed to participate in services, and 136 households achieved successful exits from outreach. Coordinated Entry added 546 households to the statewide Prioritization List, including 215 households (39%) that reported being unsheltered the night before enrollment. These efforts increased identification of unsheltered households and improved access to housing and services.

CAPNC expanded Mobile Outreach for Vulnerable Engagement (MOVE) efforts in partnership with healthcare and law enforcement partners to engage vulnerable individuals and connect them with housing and supportive services before crises escalated. CoC-funded projects also coordinated with emergency shelters, behavioral health providers, healthcare systems, recovery organizations, community crisis response systems, and law enforcement partners to increase housing and service engagement.

Wyoming CoC did not maintain a standardized statewide encampment inventory during the prior reporting period. To improve understanding of encampment activity and unsheltered homelessness, the CoC conducted a survey of providers serving individuals experiencing homelessness. Responses were received from 11 organizations across multiple regions of the state. The estimates reported in 2A-4a and 2A-4b were developed using provider observations, outreach experience, and local knowledge and may not represent the full statewide extent of encampments or unsheltered homelessness.

Wyoming CoC also expanded participation in the 2026 Point-in-Time Count and Housing Inventory Count processes. The 2026 PIT identified 560 individuals experiencing homelessness, including 144 individuals experiencing unsheltered homelessness. Expanded outreach, PIT coverage, and data collection improved identification of unsheltered households.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	5
2. Enter the reduction in the number of encampments during your evaluation period.	0

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

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	40
2. Enter the reduction in the number of people in encampments during your evaluation period.	0

 nbsp;nbsp;

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

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

(limit 2,500 characters)

Wyoming CoC did not maintain a standardized statewide encampment inventory during the evaluation period and therefore cannot reliably demonstrate a statewide reduction in encampments or the number of people residing in encampments. To establish a baseline understanding of encampment activity, the CoC conducted a very limited survey of providers serving individuals experiencing homelessness. Responses were received from 11 organizations across multiple regions of the state.

Going forward, Wyoming CoC will incorporate questions regarding encampment activity, unsheltered homelessness, and outreach engagement into ongoing system planning and provider engagement efforts. The CoC will continue expanding participation in Point-in-Time Count activities, strengthening Coordinated Entry participation, increasing HMIS participation and data quality, and improving identification of households experiencing unsheltered homelessness.

The CoC will continue using its statewide Coordinated Entry system, regional case conferencing, outreach partnerships, and prioritization processes to connect unsheltered households with available shelter, housing, healthcare, behavioral health, and recovery resources. The CoC will also continue coordinating with emergency shelters, healthcare providers, behavioral health providers, victim service providers, veteran-serving organizations, and law enforcement partners to improve engagement and housing placement opportunities for individuals experiencing homelessness.

Wyoming CoC's focus is to improve identification, engagement, referral coordination, and access to housing and services for people experiencing unsheltered homelessness while building more consistent statewide information regarding encampment activity and system needs.

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 Wyoming CoC's strategy to reduce first-time homelessness focuses on early identification, prevention, diversion, and improved regional coordination. The CoC reviews HMIS, Coordinated Entry, and comparable database information to identify trends, populations at risk of homelessness, and areas experiencing increased housing instability.

Through Coordinated Entry case conferencing, providers identify households at risk of housing loss and connect them to available prevention resources, including emergency rental assistance, utility assistance, mainstream benefits, food assistance, employment resources, and other community supports. Providers also use these meetings to identify service gaps and areas where additional resources are needed.

As part of its strategic plan, the Wyoming CoC is implementing a regional framework to improve coordination across the state. Regional resource mapping completed through this initiative helps providers identify available housing, behavioral health, employment, and community resources while improving referrals and identifying gaps in services. The CoC will continue developing regional coordination efforts, monitoring first-time homelessness trends, and using data to guide prevention, diversion, and resource development activities.

The HMIS/Data Committee and Wyoming CoC Board oversee this strategy and use system performance data to evaluate progress and inform future planning efforts.

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)

The Wyoming CoC's strategy to reduce the length of time individuals and families remain homeless focuses on quickly identifying housing opportunities and matching households to appropriate resources through the statewide Coordinated Entry system. Individuals and families experiencing homelessness are assessed and prioritized based on vulnerability, housing barriers, length of time homeless, and service needs to ensure available resources are directed to those with the greatest need.

Through regular Coordinated Entry case conferencing, providers work together to identify housing opportunities, coordinate referrals, address barriers to housing placement, and connect households to supportive services needed to obtain and maintain housing. Housing navigation, problem-solving, and coordination among providers are used to reduce delays that may prevent households from exiting homelessness.

The CoC continues to work with housing providers, landlords, behavioral health providers, public housing agencies, and community partners to increase access to housing and supportive services. The CoC also utilizes regional coordination and resource mapping to improve awareness of available resources and strengthen referrals across communities.

The HMIS/Data Committee and Wyoming CoC Board regularly review system performance measures, including length-of-time homeless data, to identify barriers, monitor outcomes, and guide system improvements that help individuals and families exit homelessness more quickly.

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?	89.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

The percentage was calculated using HMIS data for individuals and families served in Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects during FY2025 (October 1, 2024, through September 30, 2025). Exit destinations classified as unsubsidized housing included owned housing with no ongoing housing subsidy, rental housing with no ongoing housing subsidy, staying or living with family with permanent tenure, and staying or living with friends with permanent tenure. HMIS data showed that 42% of exits were to owned or rental housing without an ongoing subsidy and 47% were to permanent housing situations with family or friends. Based on these HMIS exit destinations, 89% of participants exiting TH, RRH, and PSH projects exited to unsubsidized housing.

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

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026
--	---	------------

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

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

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

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

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

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
--	--	-----

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

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	302	37	156	40.02%
2. Safe Haven (SH) beds	0	0	0	100.00%
3. Transitional Housing (TH) beds	216	0	119	55.09%
4. Rapid Re-Housing (RRH) beds	116	0	116	100.00%
5. Permanent Supportive Housing (PSH) beds	254	0	35	19.64%
6. Other Permanent Housing (OPH) beds	0	0	0	100.00%

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

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. Wyoming CoC will focus on improving reporting completeness among existing HMIS and HMIS Comparable Database users, validating housing inventory information during PIT and HIC activities, strengthening participation in annual reporting processes, and improving communication regarding HMIS, HIC, PIT, and federal reporting requirements. The CoC will continue working with participating providers to identify and address barriers affecting complete housing inventory reporting and bed coverage.

2. As identified in the Wyoming CoC Strategic Plan, the CoC is implementing a statewide regional framework to improve communication, participation, and accountability across Wyoming. Regional representatives, standardized reporting tools, and regular communication regarding HMIS, PIT, HIC, and federal reporting requirements will improve reporting consistency and inventory accuracy.

The HMIS Lead Agency will continue providing onboarding, training, Help Desk support, data quality monitoring, and technical assistance to participating agencies. Monthly data quality reviews and quarterly agency-level reports will identify bed coverage gaps and reporting issues. The CoC Data Committee will continue reviewing APRs, data quality reports, completeness reports, Eva reports, HIC information, and System Performance Measures and provide targeted follow-up to agencies needing assistance.

The CoC will use annual HIC preparation and review activities to identify inventory discrepancies, validate participating projects, and address coverage gaps before federal reporting deadlines. Wyoming's statewide "No Wrong Door" Coordinated Entry system also supports consistent participation and reporting through standardized workflows, assessments, referral tracking, and the statewide Prioritization List maintained in HMIS.

The CoC recognizes that some housing providers utilize systems outside of HMIS and may face resource limitations that affect participation. Therefore, efforts will focus on improving reporting completeness, inventory validation, HMIS Comparable Database participation where applicable, and engagement with existing providers to improve bed coverage rates and overall data quality.

3A. Policy Initiatives

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

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

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

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

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

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	WY-500 List Provi...	09/29/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	WY-500 List of Co...	09/29/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Language from Pro...	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/30/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: WY-500 List Providers w/ On-site Substance Abuse Treatment

Attachment Details

Document Description: WY-500 List of CoC Program Projects and Number of Units that require Substance Abuse Treatment

Attachment Details

Document Description: Language from Project Supportive Service Agreements

Attachment Details

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

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/29/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required



Attachment 1C-1

Wyoming CoC FY2026

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

Agency	Project Name	Project Type	Treatment Provider	Co-Located Services Provided
Community Action Partnership Natrona County (CAPNC)	STAR Transitional Housing	TH	Central Wyoming Counseling Center (CWCC)	Substance use treatment, medication-assisted treatment (MAT), and recovery services.
Community Action Partnership Natrona County (CAPNC)	Lifesteps PSH	PSH	Central Wyoming Counseling Center (CWCC)	Behavioral health treatment, MAT, crisis response, and recovery supports.



Attachment 1C-1f
Wyoming CoC FY2026

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

Agency	Project Name	Project Type	Units Requiring Substance Abuse Treatment
Community Action Partnership Natrona County (CAPNC)	STAR Transitional Housing	TH	10
Community Action Partnership Natrona County (CAPNC)	Lifesteps PSH	PSH	5



Attachment 1C-3

Language from Project Supportive Service Agreements

Wyoming Continuum of Care (WY-500) FY2026 CoC Application

Wyoming Continuum of Care (WY-500) FY2026 CoC Application

The language below was provided by project applicants from participant agreements, leases, handbooks, policies, or similar program documents describing supportive service participation requirements.

Community Action Partnership of Natrona County (CAPNC)

STAR Transitional Housing Program

STAR is a structured, goal-directed transitional program, and active participation is expected and supported throughout the 9–12-month course of services. At entry, each participant develops an individualized stabilization and recovery plan with their CTI case manager that sets concrete, sequenced goals across housing readiness, treatment engagement, income, and life skills, and that is coordinated with the participant's justice-system supervision where applicable.

Participants are expected to maintain regular case-management contact, engage in the behavioral health and substance use treatment appropriate to their needs, participate in tenant education and money management, and pursue employment, volunteer, or vocational activity as a pathway to self-sufficiency.

Because STAR is time-limited program housing oriented toward a planned exit to permanent housing, expectations are more structured than in permanent housing models; engagement is nonetheless assertive and supportive — when a participant struggles, staff intervene and re-engage — and the program is administered consistent with Fair Housing, VAWA, and nondiscrimination requirements.

Lifesteps Permanent Supportive Housing Program

Lifesteps delivers permanent supportive housing that pairs immediate, low-barrier placement with individualized, strengths-based case management, meeting each participant where they are and moving them toward recovery, stability, and self-sufficiency.

Fully integrated supportive services focus on achieving stabilization and quality behavioral health, address substance use treatment, and provide primary care delivered alongside housing, so participants receive coordinated clinical and case-management support through a single team rather than a fragmented set of referrals.

This integration of housing, healthcare, and behavioral health produces measurable stability for one of the system's highest-need populations — chronically homeless adults with disabilities — while advancing those who stabilize toward greater independence.

Gillette Abuse Refuge Foundation (GARF)

Transitional Housing for Domestic Violence Survivors

Service Frequency and Participation

Case Management Check-Ins: Participants shall meet with their assigned case manager at least once per week. Check-ins shall address individual needs and may include employment, education, childcare, housing, financial management, life skills, and other identified goals or barriers.

Life Skills Groups: Life skills groups shall be offered at least once per week and shall address topics such as financial literacy, budgeting, independent living, and other skills necessary to support participant stability and self-sufficiency.

Financial Management: Individual financial management sessions shall be offered at least once per month, with additional support provided as needed based on the participant's goals and circumstances.

Employment Assistance: Employment search assistance shall be available as part of case management services and provided based on the participant's employment goals and needs.

Advocacy and Support: When barriers to housing, employment, education, childcare, financial stability, or other areas arise, case managers shall work collaboratively with participants to identify solutions, develop appropriate action steps, and connect participants with relevant resources and support services.

Case management services shall be individualized based on participant needs, goals, and identified barriers. Case managers shall document services provided, participant progress, identified barriers, and referrals or resources provided in accordance with program documentation requirements.

Council of Community Services (CCS)

Transitional Supportive Housing Program

Agreement for Transitional Supportive Housing Residency

By signing below, the Head of Household and all adult members acknowledge and agree to the following conditions of residency at the Council of Community Services Transitional Supportive Housing Program:

Mandatory Supportive Services Requirement

I understand that the Council of Community Services operates a Transitional Supportive Housing program that requires active and consistent participation in supportive services as a condition of tenancy.

I agree to comply with all service requirements outlined in my Individual Service Plan (ISP) developed by the Council of Community Services Case Manager.

Failure to actively participate in required supportive services may constitute a non-monetary breach of the lease agreement and could lead to termination of tenancy.

Release for Multi-Disciplinary Team Participation

I acknowledge that the supportive services provided are coordinated in partnership with Campbell County Child Protective Services and other community agencies through a Multi-Disciplinary Team (MDT).

I hereby authorize and consent to allow the Council of Community Services Case Manager to attend and actively participate in MDT meetings related to my family and my children's welfare.

I understand that the purpose of this MDT collaboration is to ensure comprehensive, coordinated support that addresses housing stability, child safety, and overall family well-being.

I agree to sign a separate, formal Release of Information (ROI), as required by law, to facilitate the free exchange of necessary information between the Council of Community Services Case Manager, Campbell County CPS, and other relevant MDT members.

Good Samaritan Mission (GSM)

Transitional Housing Program

GSM offers extended shelter and transitional housing to those who have been recovering from addiction and crisis and are planning to stay in Teton County. GSM case managers work alongside them to obtain employment and housing. GSM's Transitional Housing Program allows clients to stay up to 12 months to save for a deposit and moving costs to obtain long-term stable housing.



Attachment 1C-10

Wyoming CoC

Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

This attachment provides supporting documentation for Questions 1C-10 through 1C-10f of the FY2026 Wyoming CoC Application.

Attached Documentation

1. Wyoming CoC Board Policy Statement regarding coordination and non-interference with local efforts to advance public safety.
2. Letter of Support.
3. Wyoming CoC Board meeting minutes documenting policy review and approval.



Public Safety Coordination Statement

Approved by CoC Board of Directors September 30, 2026

The Wyoming Continuum of Care (CoC) supports coordinated community efforts to address homelessness while promoting public safety and community well-being.

As a statewide planning and coordination body, the Wyoming CoC does not conduct law enforcement, code enforcement, encampment removal, criminal investigations, or other public safety operations. The CoC supports collaboration among local governments, law enforcement agencies, first responders, behavioral health providers, healthcare systems, housing providers, victim service organizations, and homeless service providers.

The Wyoming CoC does not interfere with or impede lawful local efforts to address public safety concerns related to homelessness, behavioral health crises, substance use disorders, public camping, or other community safety issues. The CoC encourages collaborative approaches that connect individuals experiencing homelessness with housing, treatment, recovery services, supportive services, employment resources, and other community supports.

The Wyoming CoC supports ongoing communication and partnership between public safety agencies and homelessness response organizations while respecting all applicable confidentiality, privacy, victim service, and HMIS requirements.

Wyoming Continuum of Care (WY CoC)
Special Meeting Minutes
September 30, 2026
Location: Zoom
Time: 1:00 PM



I. Attendance

Present: Wanda Koffler, Shari West, Paul Wright, Bobbie Neilsen, Micki Jaramillo, Tracy Obert, Lea Wales, Jeremy Aughenbaugh, Dawn Dillinger

Excused: Taylor Jones, Tamara Ison

II. Guests

None

III. New and Ongoing Business

IV. New Business

Approval of Public Safety Coordination Statement, Educational Services for Households Experiencing Homelessness Policy, and 2026 CoC Consolidated Application

A motion was made by **Tracy Obert** and seconded by **Jeremy Aughenbaugh** to approve the following items as presented:

- **Wyoming CoC Public Safety Coordination Statement**
- Educational Services for Households Experiencing Homelessness Policy
- 2026 Wyoming CoC Consolidated Application

Motion Passed.

Approval of 2026 CoC Consolidated Application and 2026 CoC Priority Listing

A motion was made by **Tracy Obert** and seconded by **Micki Jaramillo** to approve the **2026 Wyoming CoC Consolidated Application** and **2026 Wyoming CoC Priority Listing** as presented.

Motion Passed.

V. Announcements and Events

VI. Upcoming Meetings

- Board Meeting: October 16, 2026, at 8:30 AM

VII. Adjournment

The meeting was adjourned at 1:30 PM.

Submitted by:

Anna Edwards

Wyoming Continuum of Care Coordinator

Date: 9/30/2026



Attachment 1D-2c

Wyoming CoC FY2026 Local Competition Selection Results

Competition Overview

The Wyoming CoC conducted its FY2026 Local Competition in accordance with its approved local competition policies and procedures.

- June 1, 2026 – FY2026 CoC NOFO released by HUD.
- June 15, 2026 – Public FY2026 CoC Competition Information Meeting conducted.
- June 17-25, 2026 – Letter of Intent process completed.
- June 29, 2026 – Local Competition opened and application materials released.
- July 20, 2026 – Local Competition applications due.
- August 7, 2026 – Wyoming CoC Board approved the initial Priority Ranking List.
- August 7, 2026 – Competition paused following the Court's vacatur of the FY2026 CoC NOFO.
- September 18, 2026 – HUD released revised guidance and reopened the competition.
- September 21-22, 2026 – Appeals period reopened.
- September 22, 2026 – Wyoming CoC Board approved the final FY2026 Priority Ranking List and results were publicly posted.

Competition Results

- Tier 1 Projects Ranked: **5**
- Tier 2 Projects Ranked: **3**
- Unranked/Ineligible Applications: **3**
- Total Funds Ranked for Inclusion in the FY2026 CoC Consolidated Application: **\$1,011,237.00**

The attached ranking document contains the final project scores, funding recommendations, Tier 1 and Tier 2 placements, project status determinations, funding amounts, reallocation decisions, and final ranking order approved by the Wyoming CoC Board.

Appeals

One appeal was received during the FY2026 Local Competition.

SFRC Appeal

SFRC appealed the determination that its Rapid Rehousing application was not eligible for scoring. The Wyoming CoC Board reviewed the appeal and supporting documentation. Following review, the Board determined that the application remained incomplete because the required Threshold Certification had not been submitted. Consistent with Wyoming CoC Local Competition requirements, incomplete applications are not eligible for scoring.

The appeal was denied, and the original determination was upheld.

Attached Documentation

1. FY2026 Local Competition Final Priority Ranking List and Scoring Results.
2. Public Website Notices and Competition Postings.
3. SFRC Appeal Documentation and Board Decision.
4. Wyoming CoC Board Meeting Minutes documenting approval of the FY2026 Priority Ranking List and local competition results.

WY-500 FY 2026 CoC Local Competition Final Priority Ranking

September 22, 2026

Tier One Projects

Rank	Agency	Project	Status	Score	Project Type	New/Renewal	Amount Requested	Amount Accepted	Reallocated Funds +/-
1	CAPNC	STAR Transitional Housing	Accepted	121	TH	New	\$ 115,750.00	\$ 119,755.50	\$ -
2	GARF	TH for DV Survivors of NE WY	Accepted	120	TH/DV Bonus	New	\$ 150,000.00	\$ 154,005.50	\$ -
3	ICA	WY HMIS Project	Accepted	115	HMIS	Renewal	\$ 142,892.00	\$ 142,892.00	\$ -
4	CAPNC	Life Steps	Accepted	111	PSH	Renewal	\$ 69,069.00	\$ 69,069.00	\$ -
5	ICA	WY CE Technical Assistance Project	Accepted	105	SSO-CE	Renewal	\$ 121,020.00	\$ 121,020.00	\$ -
							Tier 1 Total	\$ 606,742.00	
							Tier 1 Remainder	\$ -	

Tier Two Projects

Rank	Agency	Project	Status	Score	Type	New/Renewal	Amount Requested	Amount Accepted	Reallocated Funds +/-
6	VOANR	Evan's Independent Living Center	Accepted	112	YHDP	YHDP Reallocation	\$ 150,000	\$ 214,498.00	\$ 214,498.00
7	CCS	Transitional Sober Housing for Homeless Families	Accepted	99	TH	Transition - PHS to TH reallocation	\$ 100,000	\$ 100,000.00	\$ 100,000.00
8	GSM	GSM TH & Services	Accepted	89	TH	New	\$ 90,000	\$ 90,000.00	\$ -
							Tier 2 Total	\$ 404,498.00	
							Tier 2 ARD Remainder	\$ -	

Unranked/Ineligible Applications

Status	Agency	Project	Score	Type	Notes
Rejected	SFRC	SFRC Rapid Rehousing Project	Not Scored	RRH	Application did not meet threshold requirements.
Rejected	USI	Youth Access to Housing & Supportive Service	Not Scored	YHDP	Project was determined ineligible based on information received during the review process.
Rejected	Y.E.S. House	Youth Access to Housing & Supportive Service	Not Scored	YHDP	Application was submitted after the local competition deadline.

Competition Summary

Tier 1 Projects Ranked: 5

Tier 2 Projects Ranked: 3

Unranked/Ineligible Applications: 3

Tier 1 Funds Awarded: \$606,742.00

Tier 2 Funds Awarded: \$404,498.00

Total Funds Ranked for Inclusion in the FY 2026 CoC Consolidated Application: **\$1,011,240.00**





WYOMING
CONTINUUM of CARE

Home >

About Us >

Get Help

Get Involved >

WY CoC Meetings and Events >

Data and Homeless
Management Information
System (HMIS) >

Point in Time

2026 CoC Builds

2026 NOFO

June 25 – Letter of Intent Due

Due by 4 PM MST to anna.edwards@wycoc.org

June 26 – WY CoC Board Approves Application Documents

(Applications, Scoring, competition outline)

June 29 – Application Packet & Scoring Information Available

June 29 – Local Competition Application Opens

NEW PROJECT APPLICATIONS

Links

- [New Project Application](#)
- [New Project Scoring Matrix](#)

RENEWAL PROJECT APPLICATIONS

Links

- [Renewal Application](#)
- [Renewal Project Scoring Matrix](#)

July 2026

July 20 – Project Applications Due

Due by 4 PM MST to anna.edwards@wycoc.org

August 2026

August 7 – WY CoC Board Approves Priority Ranking List

All applicants notified of project rankings by email

August 7-10 – Appeals window

Appeals due by August 10 at 4:00 PM MST at anna.edwards@wycoc.org

2026 NOFO | Wyoming Continuum of Care

https://www.wycoc.org/2026-nofo

Chat

ManageaedwardsEdit

Dashboard

Content

Structure

Configuration

OE Support



Home >

About Us >

Get Help

Get Involved >

WY CoC Meetings and Events >

Data and Homeless Management Information System (HMIS) >

Point in Time

2026 CoC Builds

2026 NOFO

August 2026

August 7 – WY CoC Board Approves Priority Ranking List

All applicants notified of project rankings by email

August 7-10 – Appeals window

Appeals due by August 10 at 4:00 PM MST at anna.edwards@wycoc.org

August 11 – Final Priority Listing Posted Publicly

List will be posted on WY CoC website by 4:00 PM MST

August 24 – Final E-snaps application due (Selected Projects Only)

E-Snaps submission due by 4:00 PM MST

August 24 – Final WY CoC Application Submission to HUD

E-snaps application will be submitted by 2:00 PM MST

Please continue to check this page regularly. The timeline and resources will be updated throughout the Local Competition period.

Search

Q

Mailing Address

Website by OneEach Technologies

Breaking news
Judge orders rel...

Search



12:39 PM
7/8/2026

2026 NOFO

View Edit Delete Revisions

UPDATE - September 21, 2026

Following litigation related to the 2026 Continuum of Care (CoC) Program Competition, the court issued a stay, and the U.S. Department of Housing and Urban Development (HUD) released revised guidance after business hours on September 18, 2026, leaving CoCs and project applicants just **12 calendar days** to review the guidance, complete required actions, and meet HUD's **September 30, 2026, deadline**.

In response, the Wyoming CoC has reopened the 2026 Local Competition effective September 21, 2026, to ensure all applicants have an opportunity to comply with HUD's revised requirements. Additional information and updated competition materials will be shared as they become available.

UPDATE - August 7, 2026

A US Court has vacated HUD's 2026 CoC Program NOFO. The WY CoC has halted the 2026 Local Competition as a result.

June 1, 2026

The U.S. Department of Housing and Urban Development (HUD) released the 2026 CoC Notice of Funding Opportunity (NOFO) on June 1, 2026.

The Wyoming CoC will host a 2026 NOFO Public meeting on Monday, June 15th ([zoom link](#)) and will share additional guidance soon.

In preparation for the Local Competition agencies are encouraged to:

- Check access to e-snaps - [esnaps.hud.gov](#)
- Ensure your UEI number is active - [SAM.gov](#)

For questions regarding the 2026 NOFO contact the CoC Coordinator at anna.edwards@wycoc.org.

Timeline

June 2026

June 1 – FY 2026 NOFO Released

[Click here to download the FY 2026 NOFO](#)

June 15 – FY 2026 NOFO Public Information Meeting

11:00 AM MST

Meeting link: <https://zoom.us/j/95408556519?pwd=uGxjpLlFjlhORmKlQAaQOBzUWYlZ7Rq.1>





WYOMING
CONTINUUM OF CARE

- Home >
- About Us >
- Coordinated Entry
- Get Help
- HMIS Reports
- Get Involved >
- WY CoC Meetings and Events >
- Point in Time
- 2026 CoC Builds
- 2026 NOFO
- Data Committee Yearly Plan

July 2026

July 20 – Project Applications Due
Due by 4 PM MST to anna.edwards@wycoc.org

August 2026

August 7 – WY CoC Board Approves Priority Ranking List
All applicants notified of project rankings by email
August 7 – Courts Vacate 2026 NOFO – **Competition Paused**
August 7-10 – Appeals window
Appeals due by August 10 at 4:00 PM MST at anna.edwards@wycoc.org
August 11 – Final Priority Listing Posted Publicly
List will be posted on WY CoC website by 4:00 PM MST
August 24 – Final E-snaps application due (Selected Projects Only)
E-Snaps submission due by 4:00 PM MST
August 24 – Final WY CoC Application Submission to HUD
E-snaps application will be submitted by 2:00 PM MST

September 2026

September 16 – HUD Granted Emergency stay in vacated NOFO
September 18 – HUD releases updated NOFO timeline AFTERHOURS – **Competition Reopens**
September 21-22 – Appeals process REOPENS
All applicants RE-notified of project rankings by email
Appeals DUE by Noon MST on Tuesday, September 22 to anna.edwards@wycoc.org
September 22 – WY CoC Board Approves Priority Ranking List
List posted to webpage by 5 PM MST
All applicants emailed final score/rank
September 28 – Final E-snaps application due (Selected Projects Only)
E-Snaps submission due by 4:00 PM MST
September 30– Final WY CoC Application Submission to HUD
E-snaps application will be submitted by 2:00 PM MST



- 

WYOMING
CONTINUUM OF CARE
- Home
 - About Us
 - Coordinated Entry
 - Get Help
 - HMIS Reports
 - Get Involved
 - WY CoC Meetings and Events
 - Point in Time
 - 2026 CoC Builds
 - 2026 NOFO
 - Data Committee Yearly Plan



Get Involved



Data & HMIS

Final CoC Competition FY2026 - Submission

WYCOC 2026 NOFO PRIORITY RANKING

Tuesday, September 22, 2026

2026 Priority Ranking List */ (Originally posted September 22, 2026. Updated September 24, 2026, to include project status and reallocated funds information required by the FY 2026 CoC NOFO. No changes were made to project scores, rankings,...

[READ MORE](#)

FY2026 COMPETITION SUBMISSION DOCUMENTS

Wednesday, September 30, 2026

FY2026 Competition Submission Documents Consolidated Application FY2026 CoC Priority Listing FY2026

[READ MORE](#)

WY CoC 2026 NOFO Priority Ranking



Home >

About Us >

Get Help

Get Involved >

WY CoC Meetings and Events >

Data and Homeless Management Information System (HMIS) >

Point in Time

2026 CoC Builds

2026 NOFO

WYCoC 2026 NOFO Priority Ranking

ViewEditDeleteRevisions

2026 Priority Ranking List

(Originally posted September 22, 2026. Updated September 24, 2026, to include project status and reallocated funds information required by the FY 2026 CoC NOFO. No changes were made to project scores, rankings, funding requests, funding amounts, or acceptance/rejection decisions.)

Supporting Documents

- 2026 Priority Ranking List - Updated 9/24/26
- 2026 Priority Ranking List - Original Posting 9/22/26

Search

Q

Mailing Address

51 Coffeen Avenue, Suite 101

Box 276

Sheridan, WY 82801

Contact Us

Phone: 307.251.2423

Email: anna.edwards@wycoc.org

© 2026 Wyoming Continuum of Care

All Rights Reserved.

Website by: OneEach Technologies

Log out

82°F

Sunny

Search



3:46 PM

9/24/2026

WY-500 FY 2026 CoC Local Competition Final Priority Ranking

September 22, 2026

Tier One Projects

Rank	Agency	Project	Status	Score	Project Type	New/Renewal	Amount Requested	Amount Accepted	Reallocated Funds +/-
1	CAPNC	STAR Transitional Housing	Accepted	121	TH	New	\$ 115,750.00	\$ 119,755.50	\$ -
2	GARF	TH for DV Survivors of NE WY	Accepted	120	TH/DV Bonus	New	\$ 150,000.00	\$ 154,005.50	\$ -
3	ICA	WY HMIS Project	Accepted	115	HMIS	Renewal	\$ 142,892.00	\$ 142,892.00	\$ -
4	CAPNC	Life Steps	Accepted	111	PSH	Renewal	\$ 69,069.00	\$ 69,069.00	\$ -
5	ICA	WY CE Technical Assistance Project	Accepted	105	SSO-CE	Renewal	\$ 121,020.00	\$ 121,020.00	\$ -
							Tier 1 Total	\$ 606,742.00	
							Tier 1 Remainder	\$ -	

Tier Two Projects

Rank	Agency	Project	Status	Score	Type	New/Renewal	Amount Requested	Amount Accepted	Reallocated Funds +/-
6	VOANR	Evan's Independent Living Center	Accepted	112	YHDP	YHDP Reallocation	\$ 150,000	\$ 214,498.00	\$ 214,498.00
7	CCS	Transitional Sober Housing for Homeless Families	Accepted	99	TH	Transition - PHS to TH reallocation	\$ 100,000	\$ 100,000.00	\$ 100,000.00
8	GSM	GSM TH & Services	Accepted	89	TH	New	\$ 90,000	\$ 90,000.00	\$ -
							Tier 2 Total	\$ 404,498.00	
							Tier 2 ARD Remainder	\$ -	

Unranked/Ineligible Applications

Status	Agency	Project	Score	Type	Notes
Rejected	SFRC	SFRC Rapid Rehousing Project	Not Scored	RRH	Application did not meet threshold requirements.
Rejected	USI	Youth Access to Housing & Supportive Service	Not Scored	YHDP	Project was determined ineligible based on information received during the review process.
Rejected	Y.E.S. House	Youth Access to Housing & Supportive Service	Not Scored	YHDP	Application was submitted after the local competition deadline.

Competition Summary

Tier 1 Projects Ranked: 5

Tier 2 Projects Ranked: 3

Unranked/Ineligible Applications: 3

Tier 1 Funds Awarded: \$606,742.00

Tier 2 Funds Awarded: \$404,498.00

Total Funds Ranked for Inclusion in the FY 2026 CoC Consolidated Application: \$1,011,240.00





- Home >
- About Us >
- Coordinated Entry
- Get Help
- HMIS Reports
- Get Involved >
- WY CoC Meetings and Events >
- Point in Time
- 2026 CoC Builds
- 2026 NOFO >
- Data Committee Yearly Plan

Basic Page [FY2026 CoC Competition Submission & Priority Ranking List](#) has been updated.

FY2026 CoC Competition Submission & Priority Ranking List

View Edit Delete Revisions

FY2026 Competition Submission Documents

- [Consolidated Application FY2026](#)
- [CoC Priority Listing FY2026](#)

Priority Ranking List

Originally posted September 22, 2026. Updated September 24, 2026, to include project status and reallocated funds information required by the FY 2026 CoC NOFO. No changes were made to project scores, rankings, funding requests, funding amounts, or acceptance/rejection decisions.

- [FY2026 Priority Ranking List \(Updated 9/24/26\)](#)
- [FY2026 Priority Ranking List \(Original Posting 9/22/26\)](#)

Questions or Comments?

For questions regarding the FY2026 CoC Competition submission materials or Priority Ranking List, please contact:

Anna Edwards
Wyoming Continuum of Care (WY CoC) Coordinator
anna.edwards@wycoc.org

Search 🔍

Mailing Address

51 Coffeen Avenue, Suite 101
Box 276
Sheridan, WY 82801

Contact Us

Phone: 307.251.2423
Email: anna.edwards@wycoc.org

© 2026 Wyoming Continuum of Care
All Rights Reserved.

Website by: OneEach Technologies

[Log out](#)



Applicant: Wyoming Statewide CoC
Project: WY-500 CoC Registration FY2026

WY-500
COC_REG_2026_228409

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.

WY-500
COC_REG_2026_228409

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHPD Renewal; and
- YHPD Replacement and Reallocation.

- Consolidations and Expansions Forms – must be completed if the CoC is consolidating eligible renewal projects or applying for new projects to expand the operations of eligible renewal projects.

- Attachment Requirement

- UFA Costs Project Listing;
- CoC planning Project Listing;
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC, the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant **MUST** ensure the amended project is returned to the applicable Project Listing And ranked or approved **BEFORE** submitting the CoC Priority Listing to HUD in e-snaps.
- Additional training resources are available online on HUD's website

SFRC Appeal Documentation and Board Decision.



Outlook

Re: Important Update: 2026 CoC Competition Timeline, Appeals Process, and Deadlines

From Anna Edwards <anna.edwards@wycoc.org>

Date Tue 9/22/2026 4:28 PM

To westshari59 <westshari59@gmail.com>

📎 1 attachment (117 KB)

2026 CoC_Grant_Scoring_and_Ranking_Final_9.22.26.pdf;

Dear Shari,

Thank you for submitting the Sweetwater Family Resource Center appeal for consideration.

At its September 22, 2026 special meeting, the Wyoming CoC Board reviewed the appeal regarding the unsigned Threshold Certification Form included with the SFRC application. After discussion, the Board voted to deny the appeal and uphold the original determination.

As a result:

- The SFRC appeal was not approved.
- SFRC's application will not be included in the final project ranking.
- No changes were made to the previously issued rankings or scores.

The Board determined that the appeal did not meet the appeal criteria established in the Wyoming CoC Policies and Procedures.

Attached is the final ranking list that will be posted to the Wyoming CoC website.

Thank you for your participation in this year's competition. If you have any questions regarding the Board's decision or the appeals process, please feel free to contact me.

Sincerely,

Anna Edwards
Wyoming Continuum of Care Coordinator
(307) 251-2423
Anna.Edwards@wycoc.org



From: Shari West <westshari59@gmail.com>

Sent: Tuesday, September 22, 2026 9:05 AM

To: Anna Edwards <anna.edwards@wycoc.org>

Subject: Re: Important Update: 2026 CoC Competition Timeline, Appeals Process, and Deadlines

Please see attached appeal letter and all grant docs. Thank you



Shari West

Executive Director

Sweetwater Family Resource Center

510 S. Main St. Rock Springs, WY 82901

307-362-6549 ext 01

westshari59@gmail.com

This email may contain confidential information. If you are not the person to whom this message is addressed, be aware that any use, reproduction, or distribution of this message is strictly prohibited. If you received this in error, please contact the sender and immediately delete this email and any attachments.

On Mon, Sep 21, 2026 at 9:10 AM Anna Edwards <anna.edwards@wycoc.org> wrote:

Hi Everyone,

HUD has released its timeline for completing the 2026 CoC Competition, which requires us to move through the local competition process on an expedited schedule.

To ensure your project score and ranking information are top of mind, I will resend your preliminary ranking and score this morning. Please review this information carefully.

As part of the required local competition process, the CoC must provide applicants with an opportunity to appeal their ranking or score. Due to HUD's timeline, the appeals window will be brief.

Appeals Deadline

- Any appeals must be submitted in writing to me no later than **Tuesday at Noon MST**.
- Appeals received after that time cannot be considered.

The CoC Board will review and make decisions on all appeals on Tuesday afternoon. Following the Board's review, the final ranking order will be approved and posted.

Final Ranking Notification

- All applicants will receive notification of their **final ranking on Tuesday afternoon** after the Board has completed its review of any appeals.

- Projects that are selected to move forward in the competition may begin entering their applications into **e-snaps after receiving the final ranking notification.**

e-snaps Application Deadline

To ensure there is sufficient time to address any technical issues or application concerns before submission to HUD, all applicants must submit their completed applications in **e-snaps by Monday, September 28, at 12:00 Noon.**

I recognize that these timelines are shorter than usual. Under normal circumstances, these deadlines would be established and communicated further in advance. However, HUD's compressed timeline, which was released Friday evening, requires us to move quickly while still completing all required components of the competition process.

Thank you for your patience, flexibility, and cooperation as we work through these changes. If you have questions regarding the appeals process or upcoming deadlines, please contact me directly.

Best regards,

Anna Edwards
Wyoming Continuum of Care Coordinator
[\(307\) 251-2423](tel:(307)251-2423)
Anna.Edwards@wycoc.org



Board minutes approving the Priority Ranking List.



Meeting Called to Order at 2:03 PM

I. Attendance

Present: Anna Edwards, Wanda Koffler, Taylor Jones, Shari West, Jeremy Aughenbaugh, Tamara Ison, Dawn Dillinger, Bobbie Nielsen, Micki Jaramillo, Julie Eberbach

Excused: Paul Wright, Tracy Obert

Quorum established.

II. Guests

III. Consent Agenda

- No consent agenda. Item removed from consideration.

IV. New and Ongoing Business

New Business

- None.

Ongoing Business

NOFO Rank/Scoring Finalization

Original Ranking Overview

- Anna Edwards reviewed the original scoring, ranking, and funding recommendations adopted by the Board on August 7, 2026, prior to the NOFO being vacated by court action.
- Tier 1 and Tier 2 funding allocations were reviewed.
- Prior recommendation to allocate remaining Tier 1 funds to CAPNC and GARF and remaining Tier 2 funds to VOA's YHDP project was reviewed.

Recusals

The following members recused themselves due to conflicts of interest with applicant organizations:

- Wanda Koffler (Council of Community Services)
- Shari West (Sweetwater Family Resource Center)
- Bobbie Nielsen (Institute for Community Alliances)
- Jeremy Aughenbaugh (Good Samaritan Mission)

Dawn Dillinger left the meeting due to involvement with ICA and Coordinated Entry.

Remaining voting members:

- Taylor Jones
- Tamara Ison
- Micki Jaramillo

DV Bonus Question (GARF Email)

- Board discussed GARF's inquiry regarding Domestic Violence Bonus funding.
- Expanding the application would require a new application and scoring process.
- Due to HUD deadlines, there was insufficient time to complete a new application and scoring process.
- No action was taken.
- Existing recommended funding amounts remained unchanged.

SFRC Appeal

- Board reviewed the appeal submitted by Sweetwater Family Resource Center regarding disqualification of its application due to an unsigned Threshold Certification Form.
- Board determined the appeal did not meet the appeal criteria established in CoC Policies and Procedures.

Motion: Taylor Jones moved to reject the SFRC appeal and deny reconsideration of the Sweetwater Family Resource Center application because the appeal did not meet the appeal standards established in the CoC Policies and Procedures.

Second: Micki Jaramillo.

Vote: Motion carried unanimously.

Y.E.S. House Discussion

- Board reviewed communication from Y.E.S. House regarding whether reopening the NOFO allowed previously excluded applications to re-enter the competition.
- Board affirmed that reopening the NOFO resumed the existing competition process and did not allow previously excluded applicants to re-enter.
- No action was taken.

Final Ranking and Funding Approval

Motion: Tamara Ison moved to adopt the final 2026 CoC NOFO scoring, ranking, and funding allocations as previously recommended by the Board.

Second: Taylor Jones.

Vote: Motion carried unanimously.

V. Announcements and Events

Staff Updates

- Anna Edwards will notify all applicants of final rankings and funding recommendations.
- Anna Edwards will notify SFRC of the appeal decision.
- Anna Edwards will notify CAPNC, GARF, and VOA of approved funding increases.
- Final rankings will be posted on the CoC website.
- The Planning Grant application will be distributed to the Board for review and approval.
- The Collaborative Application will be completed and submitted to HUD.

Upcoming Meetings

- Board Meeting: 10/16/2026 @ 8:30 AM

Adjournment

Meeting adjourned at 2:51 PM

Meeting minutes submitted by Anna Edward on 9/22/2026