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: MD-503 - Annapolis/Anne Arundel County CoC

1A-2. Collaborative Applicant Name: Anne Arundel County, Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Anne Arundel County Department of Social Services

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

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

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Nonexistent	
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	1
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organzation(s)	Yes	5
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	0
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	Yes	0
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	5
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	1
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	2
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	No	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Nonexistent	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	6
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	County Foundations	Yes	1
47.	Community Action Agencies	Yes	1

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)

A. MD-503 welcomes any individual or organization interested in joining the Anne Arundel and Annapolis Coalition to End Homelessness, MD-503's CoC planning group. Information about the group, including meeting times and contact details, is available on the ACDS website - https://acdsinc.org/community-planning-development/homeless-planning-coc/.

B. Additionally, the CoC has a membership committee dedicated to outreach efforts aimed at enhancing the coalition's ability to achieve its goal of ending homelessness in the County. The committee meets quarterly, and members are invited throughout the year. At least annually, members are invited to join the Coalition board during the CoC's annual membership meeting, where the Board and Board leadership positions are elected for the upcoming year.

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

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

(limit 2,500 characters)

A. The MD-503 CoC actively seeks and considers opinions on the CoC's overall performance, strategies, and priority-setting process. Firstly, the MD-503 encourages active participation in the CoC Board and general membership meetings, where open discussions are held on key issues including monthly reports showcasing outcomes and performance including shelter entry/exit data, number of successful PH placements, and returns. Secondly, the MD-503 promotes the CoC's involvement in County-wide planning initiatives, such as developing homeless goals and strategies for the County's five-year Consolidated Plan. This comprehensive process involves soliciting public feedback at various stages through public hearings and soliciting feedback on plans available on www.acdsinc.org. Thirdly, the MD-503 establishes comprehensive CoC-wide strategic planning groups that include various agencies targeting different populations, including homeless children from the school system, youth, veterans, family homelessness, prevention efforts, and individuals experiencing street and chronic homelessness.

B. Participants include County school personnel responsible for the McKinney-Vento Homeless Assistance Act, Community Legal Services, Partnership for Children, Youth, and Family, Anne Arundel County Health Department, County Mental Health Agencies, County police, and the County Crisis Response team, providers of shelter, transitional and PSH housing, as well as the coalition's lead agency for Coordinated Entry and HMIS data collection.

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 MD-503 CoC has a comprehensive process for soliciting proposals from a wide range of organizations, including those that haven't received CoC Program funding in the past. The CoC application process was emailed to over 200 stakeholders and posted on the www.acdsinc.org website in June 19, 2026. The email provided key information about the FY26 CoC Competition, announced an application training session (which is also recorded and posted on the website), and outlined the application process and deadlines. Applications are submitted through a web-based application program, Neighborly, which was open for anyone to apply. All proposals submitted by the deadline are accepted and reviewed for eligibility.

In the FY26 local competition, the CoC received 11 applications. Of those, three agencies submitted applications that had never received CoC Program funding before. The CoC ranked and accepted two of the three new applications and will submit them as part of the FY2026 CoC application. Additionally, the CoC will submit applications for funding from three faith-based organizations: Catholic Charities, Arundel House of Hope, and Blessed In Tech, Inc., which is a new applicant for FY26.

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)

MD-503 is developing a comprehensive plan to reduce homelessness in the County. Given the complexity of the homeless population, the County has divided it into strategic areas based on specific groups, such as youth, families, veterans, and chronically homeless individuals.

A consensus, supported by a PIT/HIC gap analysis, is that the community needs additional emergency shelter beds. The 2026 PIT counted a total of 223 sheltered and 34 unsheltered persons, including children. The County only has a total of 126 year-round shelter beds and 16 transitional beds. In January 2026, the County opened additional freezing weather beds and the seasonal winter rotating “faith-based” shelter, increasing capacity to shelter individuals. However, these cold weather or seasonal beds are only available during the coldest days of the year.

The lack of shelter or interim assistance affects most populations experiencing homelessness, including families, chronically homeless individuals, youth, and veterans. The County has a continuous waitlist for shelter, averaging from 10 to up to 100 on a given night. Families and working individuals are living in cars while awaiting for space in shelter or housing programs to become available.

One strategy to address this issue is to create service-intensive interim housing and transitional beds, particularly for families with children. By increasing the number of transitional beds, the County aims to expand its shelter systems, reduce shelter stays, and address the unmet need for shelter. Additionally, service-rich programming, including workforce and behavioral health care, will support families or individuals progress towards housing stability and self-sufficiency.

Quantifiable performance measures include developing 60 beds of service-rich transitional housing for families and individuals meeting HUD’s Category 1 definition of homelessness. These units should be completed by the end of December 2027. Potential funding sources include FY26 Continuum of Care funds and County Housing Trust Funds. Lead organizations include ACDS, Arundel House of Hope, Inc., and Catholic Charities.

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:

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	43%

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

(limit 2,500 characters)

The MD-503 CoC is not a rural CoC.

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)

MD-503 has a wide array of partnerships and projects providing treatment for Mental Health and Substance Abuse. All of the providers listed below are members of the MD-503 CoC. The Anne Arundel County Mental Health Agency, a CoC funded PSH provider, operates a 24 hour Warmline, care coordinator, support accessing outpatient therapy or residential programming, supported housing, and manages the Crisis Response Team.

The Anne Arundel Department of Health offer comprehensive substance abuse services, including outpatient, inpatient, detox, sober housing.

Sarah's House, operated by Catholic Charities, applying for a new transitional housing program has staff on-site working in contractual partnership with Villa Maria Behavior Health which offers substance use and mental health treatment.

Arundel House of Hope, an applicant for CoC funds, operates a County funded and staffed Community Recovery Center (CRC), at its Day Resource Center. The CRC offers support and resources for those recovering from addition, substance use, and mental health conditions.

People Encouraging People, a CoC PSH provider, provides Assertive Community Treatment team to clients to support behavior health and recovery while remaining stably housed. This program offers medication management.

Arundel Lodge operates Arundel Lodge Urgent Care offering in persons emergency outpatient mental health and substance abuse services.

Anne Arundel County offers 24/7 access to the detox, residential, and inpatient behaviors treatment. For individuals experiencing homelessness, access to treatment is offered at a 24 hour walk-in crisis stabilization center, Crownsville W.A.R.M.S. Program located at Gaudenzia Crownsville. Services include assessment, detoxification/Withdrawal management, and Counseling.

Anne Arundel County Safe Station Program - The Safe Stations program was launched in April 2017 in Anne Arundel County and Annapolis, allowing individuals struggling with addiction to seek help at any local police or fire station. This initiative aims to remove barriers to treatment and provide immediate assistance to those in need. Upon arrival, individuals undergo a medical evaluation and the County's mobile Crisis Response Team is notified and will come to the station where the best treatment option is explored.

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)

MD-CoC has several CoC funded projects which provide access to peer recovery specialists. Arundel House of Hope operates a Community Recovery Center (CRC) at its Resource and Day Center. The CRC provides peer recovery specialists from the County's Department of Health which lead support groups. The CRC also offers peer lead recovery group, 12-step recovery meetings, Narcotics Anonymous Meetings, and Smart Recovery meetings. The Health Department has a Mobile Wellness Van that visits the site weekly and offers a peer specialist lead U-Be Well program. Further, the Department of Social Services, which operates a Homeless Outreach Program also partners with the Department of Health AA Power team, a peer support team, which accompanies the DSS Outreach Team to meet individuals experiencing homelessness throughout the County. Finally, the People Encouraging People, Assertive Community Treatment Team, provides peer support specialists as part of the team. They work both with participants in their CoC funded PSH project and with individuals experiencing homelessness throughout County.

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

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

(limit 2,500 characters)

The Anne Arundel County Mental Health Agency manages a comprehensive Crisis Response System that includes a 24/7 community warmline for mental health emergencies, substance use support, and Mobile Crisis Teams (MCTs). These MCTs provide mental health professionals and case associates who conduct short-term crisis stabilization. Both programs collaborate closely with the DSS Outreach Team, the CoC's Coordinated Entry system, and all shelters and day centers. The mobile Crisis Response Team also works with the BWI Airport to assist individuals experiencing homelessness, particularly those with severe mental illness, by linking them to shelter, housing, and services.

Individuals experiencing homelessness with serious mental illness are identified through the CoC's coordinated entry system, which assesses their mental health and substance use needs. After assessment, either by the Street Homeless Team or in an emergency shelter/Day Center, they are connected to services and housing that promote stability. The Mental Health Agency operates two CoC-funded PSH programs for individuals with serious mental illness and contracts with mental health providers to offer intensive support and services for those residing in PSH units. Additionally, People Encouraging People has combined housing through a CoC-funded PSH project and an Assertive Community Treatment Team.

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)

While the CoC coordinates and works with the County's Health Department on many efforts, at this time the MD-CoC does not leverage or use court orders to enforce compliance of sobriety. Providers within the CoC use an array of alternative methods to encourage compliance with sobriety. The CoC will research the implication and potential application of these new rules.

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)

While the CoC coordinates and works with the County's Health Department on many efforts, at this time the MD-CoC does not leverage or use court orders to enforce compliance of sobriety. Providers within the CoC use an array of alternative methods to encourage compliance with sobriety. The CoC will research the implication and potential application of these new rules.

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)

Anne Arundel County Mental Health Agency (MHA) is a MD-503 CoC Board member. They manage a comprehensive Crisis Response System including a 24/7 warmline for mental health emergencies, substance use support, & Mobile Crisis Teams (MCTs). MCTs provide mental health professionals & case associates who conduct crisis stabilization. As the County's Core Service Agency, it funds Assertive Community Treatment Teams, coordinates mental health crisis beds, & provides referrals to inpatient programs.

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

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	24

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

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

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

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

(limit 500 characters)

Arundel Lodge Behavioral Health/Urgent Care, located at Anne Arundel Medical Center, provides short-term urgent care to manage a mental health or substance use disorder. Staff include Peer Support Specialists, Mental Health Clinicians, Nurses (RN & NPs.) They provide interventions for psychiatric conditions and care for any medical condition a patient may need. They provide assessment, intervention, Rx support as needed, care coordination, & an aftercare plan to support recovery and wellness.

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)

Arundel House of Hope Transitional Housing Program, a proposed FY26 CoC project, is modeled after sober housing. This project is recovery-based, requiring participants to agree to drug screening and maintain sobriety. Services provided include employment assistance, job training, educational support, and behavioral health counseling to ensure stable housing. Arundel House of Hope houses are certified recovery houses by Anne Arundel County.

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

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

(limit 2,500 characters)

The organizations mentioned in 1C-1a through 1C-1i (i.e. Arundel House of Hope, Anne Arundel Mental Health Agency (MHA), the MHA Crisis Response Team, Sarah's House operated by Catholic Charities, the Department of Health, People Encouraging People, Gaudenzia's crisis stabilization center, and Arundel Lodge Behavioral Health - Behavioral Health Urgent Care Center) are active participants in the CoC's Coordinated Entry process for both referrals from Coordinated Entry and for Coordinated Entry accepting referrals from these providers for housing and shelter. Warm hand-offs are facilitated by case manger participating in weekly Coordinated Entry meetings with supplemental coordination occurring as needed in between weekly meetings.

1C-2.	Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$3,159,536
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.	$1,374,709
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	44%
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.	$1,011,530
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).	76%

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)

Arundel Community Development Services, Inc. (ACDS), chartered by Anne Arundel County in 1993, serves as the lead agency for MD-503. It administers HUD federal entitlement funds, including CDBG, HOME, ESG, HOPWA (through Baltimore City), and the CoC programs. ACDS is responsible for developing the five-year consolidated plan and subsequent Action Plans/CAPERS. In this capacity, ACDS seamlessly integrates the planning and allocation of ESG funds within the CoC. Members of the CoC actively participate in two annual public hearings, and CoC coalition meetings are held regularly as a focus group to develop strategies and plans for utilizing funding.

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

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

(limit 2,500 characters)

The CoC collaborates seamlessly with emergency shelter providers, as all of them are active board members of the CoC Coalition. These shelter providers offer a wide range of services. For instance, Catholic Charities operates both an emergency shelter and currently funds a CoC-supported Rapid Rehousing (RRH) program. They are also applying to operate a transitional housing program in the FY26 application. Arundel House of Hope provides a day and resource center, operates the Winter Relief program, a rotating church shelter during the winter, and has CoC-funded PSH (Preventive Services), RRH, and Transitional housing programs.

All emergency shelters participate in the County's Coordinated Entry process. This process not only places individuals and families experiencing homelessness into shelter but also coordinates a weekly case conference. This conference involves staff from both ESG and State-funded shelters, as well as PSH (Permanent Supportive Housing), RRH (Rapid Rehousing), and Transitional housing programs. This process ensures a smooth transition for individuals from the shelters or the streets into appropriate housing programs.

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)

MD-503 makes available the PIT, HIC, HMIS, and system performance data via the Homelessness Data Exchange 2 (HDX)2. This website makes historical and current data accessible to the public. The CoC also has entered in data exchange agreement with the State of Maryland which directly pulls data from the County's HMIS - Wellsky - to create a statewide database while protecting private data.

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

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

(limit 2,500 characters)

Due to privacy laws, the CoC does not use or obtain client level data from other data sources such as electronic health care records regarding admissions and discharge; however, the CoC does evaluate trends and aggregate data generated from the County's School System, Health Department, Mental Health Agency, and local Housing Authorities etc that may help identify issues and determine strategies that will improve our CoC's system of care.

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)

Anne Arundel County Workforce Development Agency

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

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

(limit 2,500 characters)

The MD-503 collaborates with first responders and law enforcement on a regular basis.

Anne Arundel Department of Social Services Street Outreach Team cooperates with first responders and law enforcement. Anne Arundel County's Mental Health Agency along with the County's Police has developed a Crisis Intervention Teams (CITs). These teams work with the DSS' Street Outreach Team to increase positive interactions. These teams CITs consist of a police officer trained in CIT and an independently licenses, behavioral health clinician. CITs teams are effective if an individual is a danger to self or other, such as has a weapon or other high risk, which would make it dangerous for the Street Outreach Team or Crisis Response Team to respond to a situation.

The City of Annapolis, the DSS Street Outreach Team meets with the city police on a monthly basis to discuss concerns, identify strategies for particular individuals, and coordinate responses to encampments within the City.
BWI Airport has contracted with the Anne Arundel County Mental Health Agency Crisis Response Team which works hand and hand with airport security to address the needs of unhoused persons using the airport or airport parking garages as places to sleep. If the homeless outreach team is unable to resolve an issue, then the airport security steps in to resolve.

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)

The Anne Arundel County Department of Social Services (DSS), Arundel House of Hope, Inc., and Lighthouse, Inc. all collaborate to facilitate the reunification of families and individuals with their loved ones whenever possible. They provide flexible funding to assist families and individuals in relocating to a different jurisdiction or state to reunite with their families, which can potentially resolve their homelessness.

DSS also oversees foster care and youth services and actively works towards reunification between youth experiencing homelessness and their families. Additionally, other programs that support homeless youth include: The Partnership for Children Youth, and Families' Housing in Place Housing Our Priority (HIP HOP), as well as Blessed in Tech Ministries.

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

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

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

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

(limit 2,500 characters)

The MD-503 CoC has an active policy around encampments that includes working relationships with the Anne Arundel County Police Department, as well as the Maryland Transportation Authority Police. The MD-503 CoC regularly engages residents of encampments and offers daily hygiene supplies and referrals to resources such as, but not limited to, substance abuse recovery and shelter access when possible. These engagements help the CoC's outreach team develop and deepen relationships with people experiencing homelessness. Typically, the CoC outreach team will engage with encampment residents for 30 days prior to requiring residents to move. During those 30 days, the CoC's outreach team works to connect people with other options for housing - either shelter, treatment beds, or housing when available. The MD-503 CoC believes this "30 day engagement" policy is a beneficial one that supports efforts to move people away from encampments, while not allowing encampment residents to remain in their same location for long periods of time.

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

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

(limit 2,500 characters)

The MD-503 CoC has an active policy around encampments that includes working relationships with the Anne Arundel County Police Department, as well as the Maryland Transportation Authority Police. The MD-503 CoC regularly engages residents of encampments and offers daily hygiene supplies and referrals to resources such as, but not limited to, substance abuse recovery and shelter access when possible. These engagements help the CoC's outreach team develop and deepen relationships with people experiencing homelessness. Typically, the CoC outreach team will engage with encampment residents for 30 days prior to requiring residents to move. During those 30 days, the CoC's outreach team works to connect people with other options for housing - either shelter, treatment beds, or housing when available. The MD-503 CoC believes this "30 day engagement" policy is a beneficial one that supports efforts to move people away from encampments, while not allowing encampment residents to remain in their same location for long periods of time.

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 MD-503 CoC currently estimates 77 people residing within 42 encampments.

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)

The State of Maryland passed HB576/SB 453 Mental Health - Assisted Outpatient Treatment Program which required all jurisdiction's to implement Assisted Outpatient Treatment Programs. according to the Treatment Advocacy Center (TAC), Assisted Outpatient Treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of: (1) motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan; and (2) focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment. This is a new program in Maryland's system that allows a court to order mental health treatment in the community for individuals that have a severe and persistent mental illness who have demonstrated difficulty engaging in treatment.

While targeting individuals with persistent mental illness, frequently people experiencing homelessness that have a severe mental illness may be co-occurring with addiction.

This new bill - Mental Health - Assisted Outpatient Treatment Program may be developed into a program that will assist the community in engaging individuals who may use illicit drugs in public spaces. Anne Arundel County has very specific laws that prohibit the use of illicit drugs in public spaces.

Additionally, Anne Arundel County Health Department has several outreach efforts to engage with individuals using illicit drugs including providing education and resources, access to same day treatment, and peer support services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

According to the most recent data from the Maryland Department of Health Department, there have been 149 opioid-related overdoses and deaths year to date, reflecting a 28.4% decrease from the 208 overdoses YTD in 2025. Additionally, there have been 28 opioid related deaths year to date, reflecting a 34% decrease from the 44 overdose deaths YTD 2025. Overall, it appears that the interventions that Anne Arundel County has put in place are saving lives. The Health Department has a wide array of strategies to reduce the risk of death and overdoses.

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)

Anne Arundel County has an established behavioral-health crisis system that enables the CoC to respond when an individual experiencing homelessness may present a danger to themselves or others. CoC members are trained to recognize behavioral-health emergencies and to promptly contact the appropriate crisis-response professionals, law enforcement, or emergency medical services when circumstances warrant. The CoC coordinates with behavioral-health crisis services, law enforcement, and other appropriate emergency responders when circumstances require an immediate safety intervention. Anne Arundel County's Crisis Response Team (CRT) is often the first responder in these situations. The CRT combines law enforcement personnel with involvement of the County's Health and Mental Health Departments to de-escalate potentially dangerous situations involving homeless individuals through the least restrictive or traumatic way possible. while at the same time ensuring the safety of the individual involved and the public.

When dealing with a crisis situation, the CoC prioritizes voluntary, person-centered, and community-based interventions whenever those interventions can adequately address the individual's needs and maintain safety for the individual and others. When a situation meets the applicable legal standard for emergency medical or mental health evaluation or involuntary intervention such as incarceration or commitment, CoC providers cooperate with the appropriate professionals and public-safety agencies.

Maryland law provides specific situations related to when an individual may be involuntarily committed or forced to receive certain treatments. This may occur only when certain circumstances apply and very specific procedures must be followed in the courts. As of October 1, 2026, Maryland law changed to broaden the standards for involuntary commitment and guardianship. See Health-General §10-617, §10-622, and the new § 10-601(c), which takes effect October 1, 2026.)

When an individual without family or others who can step in to assist the individual is adjudicated by a court to be incapable of caring for themselves, the Anne Arundel County Department of Social Services and Department of Aging and Disabilities act as court appointed guardians of the person to ensure appropriate decisions regarding treatment and living arrangements are made in the best interests of the individual. Decisions made by guardians are supervised by the courts.

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

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

(limit 2,500 characters)

The DOJ has determined Maryland is one of 18 states to have “substantially implemented” all SORNA requirements and has fully implemented a comprehensive public state sex offender registry for both adults and juveniles through the Department of Public Safety and Correctional Services (DPSCS). Md. Crim. Proc. §11-705(d) specifically requires homeless sex offender registrants to register in person every week with local law enforcement in the county where they habitually live.

Anne Arundel County has policies and practices that support comprehensive information sharing under the Sex Offender Registration and Notification Act (SORNA), including information concerning the location of registered sex offenders. The Anne Arundel County Police Department’s Written Directive 1002, Sex Offenders—Notification & Registration, provides that individuals subject to registration in Anne Arundel County, including those residing within the City of Annapolis and Fort Meade, register with the County Police Department. The Department’s Sex Offender Registry Squad is responsible for completing registrations, updating information in the Maryland Online Sex Offender Registry, maintaining registration records, monitoring compliance, coordinating address verification and required notifications, and investigating registration violations. These local practices operate within Maryland’s statewide sex-offender registration system, which provides for public registry information and the exchange of registration information with federal agencies and other jurisdictions.

Placement on the Sex Offender Registry presents a huge barrier to access to housing that is difficult to overcome. The information is generally available to the public and can lawfully be used by prospective landlords in determining acceptance for housing applications. Moreover, individuals on the registry are barred from acceptance for housing in certain geographical locations and in publicly subsidized properties. When registry information is relevant to housing placement or safety planning, participating CoC agencies limit access to that information to personnel with a legitimate programmatic need to know and use the information only for lawful housing, service, safety, or referral purposes. The CoC does not make confidential client records or criminal-history information broadly available to participating providers, landlords, or other parties, but the information is public and cannot be shielded.

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)

MD-503 CoC has a comprehensive street outreach effort coordinated and operated by the Anne Arundel County Department of Social Services (DSS).

The Street Outreach Team consists of five full time outreach workers and one full-time housing case manager. The team focuses on engaging anyone experiencing unsheltered homelessness to access shelter, services, and housing. While the outreach team canvases the whole County, there is a focus on known hot spots, such as Glen Burnie, Annapolis, Pasadena, Brooklyn, and Laurel areas.Outreach staff use a person-centered approach to build trust and work to engage those least likely to ask for assistance. Outreach staff identify individuals through regular canvassing, tips to the CE number, collaboration with police, first responders, and the crisis response line who may be reluctant to engage.

Services are tailored to each situation, including meeting individuals where they are both literally and figuratively. Where possible, services are directly brought to the encampments or other known spots of congregation. For example, one member of the team is trained to complete applications for entitlement benefits in the field; staff from the County's Health Department come to site to give flu shots and COVID vaccines. Outreach staff ensure all participant's are assessed to be placed on the CoC's, shelter, Access Housing (PSH) and Rapid Re-Housing by-names lists and works with everyone to connect with shelter placements and obtain permanent housing. Outreach staff use tools, such as translation apps, to ensure individuals with limited english profeciency are linked to services. All County agencies have adopted Language Action Plans that provide additional access to resources such as translators in a wide variety of languages.

The County's Street Outreach team includes 5 FTE who work regular hours, Monday through Friday. Each day, staff canvass their assigned areas and meet with clients who are experiencing street homelessness.

Known encampments are visited a minimum of once a month, though based on numbers/need the outreach teams make every effort to visit the encampments more often to build trusting relationships and link persons experiencing homelessness to services.

Outside of outreach staff hours, the Crisis Response Team is available 24/7 for emergency situations.

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

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes

3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

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

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

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

(limit 2,500 characters)

The CoC has policies and procedures to ensure that all families and unaccompanied youth are fully informed of their educational rights. Each family shelter program actively works with Pupil Personnel Workers (PPWs) and school personnel to implement these policies and enroll students in all eligible services. The County's PPWs maintain a comprehensive list of all students eligible for services including those children doubled up and at-risk of homelessness. PPWs work closely with the family emergency shelters to ensure families are linked to services. For example, at Sarah's House Shelter, case workers and childcare staff communicate with PPWs about transportation, organize school orientation to educate families about rights and resources, arrange and host parent/teacher conference at the shelter; and together (PPW, teachers, and Program staff) arrange tutoring and other academic supports for families.

The County's school system Homeless Liaison actively participates in the CoC by attending Homeless Coalition meetings as a Board member, and actively participates in the youth, coordinated entry, and application review subcommittee meetings. The Homeless Liaison educates CoC Coalition members and other stakeholders about eligibility for education services and McKinney- Vento Programs that benefit children experiencing homelessness.

The Homeless Liaison also meets with families residing in local motels to enroll children in school and services to ensure they are enrolled in all eligible wrap-around services.

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

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

(limit 2,500 characters)

Anne Arundel County Department of Social Services has two separate units who work together on providing on-going housing and support for people aging out of foster care. The Independent living coordinator at the Department works with the foster care units to determine when a person is ready to age out of foster care and determines if there will be a need for ongoing housing support upon aging out. If the person will need ongoing housing support, the Independent Living Coordinator contacts the Homeless Coordinator at the Department to determine what types of placements may be available. Emergency shelter is considered if a permanent housing placement does not exist. The Department has 10 Adult Independence Program (AIP) vouchers through the Housing Commission of Anne Arundel County (HCAAC). The Homeless Coordinator and their team will assist the person with the housing application and housing search once the AIP voucher is acquired. The Outreach Team continues to follow the foster youth once they have aged out to ensure housing retainment.

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)

Anne Arundel County - MD-503 does not have any RHY-funded providers, however, the County has successfully developed youth centered street outreach operated by Blessed In Tech, a youth centered planning committee lead by youth experiencing homelessness, and a transitional housing program - HIP HOP that supports young adults through up to two years of transitional housing in an effort to build the skills to become self-sufficient and independent. The youth are provided a wrap around services.

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)

Sarah's House Transitional Housing Program, a proposed new 2026 project, will primarily serve homeless families w/ children. The project intends to provide transitional housing & supportive services to 20 families in 20 project-based units, including 4 three-bdrm apartments, 3 two-bdrm apartments, & 13 one-bdrm units, to match unit size w/ household size. Residents will receive housing-focused case management & on-site behavioral health, including substance use treatment & recovery services.

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)

Employment readiness and job placement support will be provided through Sarah's House Project North Success Academy workforce preparation workshop series. Sarah's House has a partnership with Anne Arundel Workforce Development Corporation which enhance their in-house programming through employment counseling and placement, access to job training and workforce development opportunities. Families will be supported to find employment, supported with transportation and linkage to necessary childcare within the community.

Further, Sarah's House intensive case management services are focused on housing readiness for those in our program. These services are individualized to suit the need of the participant and always include an assessment of finances and what opportunities exist to increase income. For those that are able bodied, Sarah's House provides a Success Academy Program (developed in Catholic Charities Workforce Development Programs) that teaches workforce development skills through a variety of individual workshops. Case managers work with participants individually on resume preparation, mock interviewing, professionalism and employment soft skills if it is better suited for the person.

Referrals to Anne Arundel Workforce Development, Anne Arundel County Libraries and Catholic Charities workforce development are placed both for additional or specialized support and to ensure that participants are comfortable with the providers services. This is important as tenure at Sarah's House is short, while connections and comfortability with accessing services will be carried through their time in Anne Arundel County.

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)

Families receive structured assistance in accessing mainstream benefits including Medicaid, SNAP, TANF, Child Care Subsidy, SSI/SSDI (as applicable), and community health services. Anne Arundel County Department of Social Services provides on-site staff once a week to support a families applying for these benefits.

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)

Sarah's House Transitional Housing Program will primarily serve homeless families with children. The project intends to provide transitional housing & supportive services to 20 families in 20 project-based units. Program participants and their children will receive housing-focused case management & on-site behavioral health, including substance use treatment & recovery services. Case managers will proactively and consistently review, identify and monitor household needs related to pregnancy needs, as well as family supports including, but not limited to, childcare, parenting and life skills, and education.

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)

A CoC representative attends monthly Veteran Commission meetings & a representative of the Veteran Commission serves on the CoC Board. Examples of collaboration include working to identify landlords willing to accept HUD-VASH vouchers & SSVF, identifying Veteran employment specialists to support homeless Veterans, & working w/ the County Veteran Service Office to help homeless Veterans submit "clean" applications for VA benefits.

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)

MD-503 partners w/ the local YWCA, the region's expert on issues related to domestic violence, sexual assault, teen dating violence, stalking, & trafficking, to ensure provided services meet the needs of survivors. The YWCA is active on MD-503 CoC Board of Directors and regularly attends meetings and educates the CoC on changes in trends and laws. They are a member of the County's Human Trafficking Collaborative & work w/ CoC providers to identify service needs & solutions for this population.

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)

Anne Arundel County Community Action Agency (AACCAA), a MD-503 CoC board member, offers diversion & reentry (DARS) support which includes Turnaround Thursday, which supports job & employability skills, a Second Chance Support Program, which helps individuals overcome barriers to reentry, & an additional workforce development & training. In 2026, the AACCAA opened the Pittman Recovery Center, a 16 bed transitional housing program, which will provide individuals transition from prisons & jails.

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)

People Encouraging People, provides Assertive Community Treatment (ACT) as a CoC funded PSH program. ACT is a team based mental health service approach for those w/ serious mental illness needing comprehensive care, including those w/ co-occuring medical needs. Services are delivered by a team w/ a program manager, psychiatrist, nurses, therapists, housing & vocational specialists. Client medical needs are offered care coordination to deal w/ chronic issues & stabilize homeless people.

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)

Although, the Safe Haven PSH housing program operated by Arundel House of Hope (AHOH) was not a program serving elderly experiencing homelessness when opened in 2006, the program has transitioned to serve elderly individuals based on a growing aging homeless population. The Program provides safe, long term shared housing for older men in two single family homes. The Dept of Health connects services and resources to these individuals to help maintain their independence & self-sufficiency.

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)

People Encouraging People, offers CoC funded PSH for 13 chronically homeless people w/ services from an Assertive Community Treatment Team. The County Mental Health Agency offers two CoC-funded PSH programs for 40 chronically homeless people. Both target people w/ serious mental illness & link them w/ a case manager & behavior health support. People may engage w/ Arundel Lodge, which supports mental health & wellness, workforce dvlpmnt, job training, & life skills (e.g. budgeting, cooking, etc)

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)

People Encouraging People, offers CoC funded PSH for 13 individuals experiencing chronic homelessness. Services are provided on-site at client's residences through an Assertive Community Treatment Team which include a case manager, behavioral health support, nurses, therapists, and housing and vocational specialists.

Anne Arundel County Mental Health Agency offers two CoC-funded PSH programs for 40 individuals experiencing chronic homelessness. Both of the MHA programs target individuals with serious and persistent mental illness and links each participant with intensive targeted case manager and behavior health services through regular in-person on-site visits at client residences. Additionally, program participants are regularly encouraged to engage with the Arundel Lodge Day Center which supports mental health and wellness, workforce development and job training, as well as the development of everyday life skills, (ADL) such as budgeting, cooking, etc.

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)

People Encouraging People, offers CoC funded PSH for 13 individuals experiencing chronic homelessness. Services are provided on-site at client's residences through an Assertive Community Treatment (ACT) Team which include a case manager, behavioral health support, nurses, therapists, and housing and vocational specialists. Case management notes on each client are regularly reviewed by the entire ACT team to inform care coordination meetings. Case coordination meetings provide the interdisciplinary ACT teams with the opportunity to assess client progress and identify areas of continued need and determine whether higher levels of care are needed (e.g. assisted living, residential treatment, etc.)

Similarly, the Anne Arundel County Mental Health Agency (MHA) offers two CoC-funded PSH programs for 40 individuals experiencing chronic homelessness. Both of the MHA programs target individuals with serious and persistent mental illness and links each participant with intensive targeted case manager and behavior health services through regular in-person on-site visits at client residences. Program participants are regularly encouraged to engage with the Arundel Lodge Day Center which supports mental health and wellness, workforce development and job training, as well as the development of everyday life skills, (ADL) such as budgeting, cooking, etc. Client engagement with other resources such as those at the Arundel Lodge Day Center are noted by case managers and behavioral health specialists and are a part of regular care coordination meetings. The case coordination meetings provide the MHA staff with the opportunity to assess client progress and identify areas of continued need and determine whether higher levels of care are needed (e.g. assisted living, residential treatment, etc.)

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)

Participants in both the People Encouraging People and the County’s Mental Health Agency program are assessed for their readiness to move on to other housing at least annually as they are re-certified for the housing program. If a participant becomes employed and their income is able to cover the majority of the rent, they may be transitioned to unsubsidized housing. Individuals, at times, reunify with family members and leave the program. Additionally, as new deeply subsidized LIHTC projects are developed in a County, this allows individuals to move to new units without TBRA’s subsidies.

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.	09/30/2026

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.	09/17/2026
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.	09/17/2026

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)

No existing project was reallocated due to low performance. All of the existing projects met their outcomes. However, due to changing priorities and expectations, the MD-503 reallocated funds to new uses which the CoC believes will continue to our efforts to end homelessness in Anne Arundel County.

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

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

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

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

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

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

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

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

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

2A-3.	PIT Count–Methodology Change.	

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

(limit 2,500 characters)

There was no methodology or data quality changes in the 2026 CoC PIT Count. However, during the last 10 days of January, the County experienced severe cold and multiple snow / ice storms which may have impacted the PIT Count.

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)

It is the policy in Anne Arundel County, regarding the clearing of encampments on County or City property that a representative from Anne Arundel County or the City of Annapolis, along with a Street Outreach Worker from Anne Arundel County Department of Social Services, meets with the individuals in the encampment and provide a written 30 day notice to remove all possessions and not return. The Street Outreach Worker provides resources and services during this 30 day period. The Street Outreach Worker utilizes resources through the Department of Heath's Substance Use programs and the Local Crisis Response System to connect individuals to inpatient substance use treatment or inpatient mental health services when necessary. If the individuals are not able to access those resources or do not need that level of care, they will be directed towards emergency shelter or other temporary housing. The Street Outreach Worker will provide assistance to apply for public benefits to help increase income and help develop a plan to leave the encampment.

Once the 30 days have passed, if the person remains on the County or City property they will be served with no trespassing violations and their items will be discarded by Department of Public Works. The County and City uses criminalization as a last resort in disbanding encampments.

Encampments that are on public property is at the discretion of the property owner. The Street Outreach Team will connect with property owners so they are aware people have built an encampment on their property and work with them on developing a strategy to quickly disband the encampment utilizing a timeline that works with the property owner and the people utilizing the encampment.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	78
2. Enter the reduction in the number of encampments during your evaluation period.	38

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.	98
2. Enter the reduction in the number of people in encampments during your evaluation period.	56

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

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

(limit 2,500 characters)

Not Applicable

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

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

(limit 2,500 characters)

MD-503 has put together a comprehensive package of strategies to continue to reduce first time homelessness. Current strategies include:

(1)implementation of a robust eviction prevention system using State, CDBG, and local community funds to provide emergency rental assistance, supportive services, landlord mediation, and utility turnoff prevention. Availability of these grants and services are affirmatively marketed to at-risk communities;

(2)coordinates with the Anne Arundel County's Sheriffs' office to identify individuals scheduled for eviction. Through this partnership, MD-503 is able to undertake expedited and proactive outreach to families at imminent risk of eviction, assess the situation, develop a housing maintenance plan, and rapidly processes payments to prevent the eviction;

(3)fund and coordinate with legal services partners to obtain delays on evictions to allow for an orderly move out or to allow time to process applications for rental assistance to resolve the rental debt and cancel the eviction;

(4) offer relocation and shelter diversion services utilizing funds made available for the County's Affordable Housing Trust Program to provide housing assistance;

(5) fund and offer programs that address the housing needs of at-risk families identified through the school system. The United Way and the Anne Arundel County Public School System have provided resources to pay for case management, housing locator services, and rental assistance to families unstably or at-risk of homelessness.

Through these strategies MD-503 was able to prevent homelessness for over 600 households this year.

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)

MD-503 saw a slight reduction in the length of time people remain homeless between 2023 and 2024. Providers have faced a number of challenges to rapidly rehouse those entering the shelter, as the cost of rent has increased significantly in the past year.

Increased outreach services will allow for quicker identification of individuals experiencing homelessness, allowing for quicker assessment and triage to identify the best interventions (e.g. shelter, or right into RRH/Transitional programs, PSH). MD-503 is also working on increasing capacity in County funded and LIHTC housing as well as through successful exits by leveraging the CoC Move-On opportunities, developing new housing targeted to persons experiencing homelessness, and securing new vouchers for those with severe, persistent disabilities. In FY25, the Housing Commission of Anne Arundel County provided 7 vouchers to ensure that larger families whose incomes cannot increase enough to maintain housing were able remain stably housed. MD-503 funded additional rapid rehousing units with HOME and County Affordable Housing Trust Fund resources. Over $1,200,000 has been allocated to support these efforts. While, adding transitional housing may not necessarily decrease the length of time homeless, it will improve the ability of individuals to improve income and self-sufficiency.

County funds are available to providers to onboard additional housing location specialists to outreach with landlords, building those relationships, and maintaining continually updated lists of available units. These specialists are also conducting comprehensive assessments of housing needs, identifying any barriers, and working to mitigate those barriers. The CoC also holds weekly case conferencing to collectively problem solve when a household is struggling to secure housing. Case managers have also been focusing on ensuring all households are signed up for all eligible waitlists for LIHTC, vouchers or public housing, and other non-CoC affordable housing.

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?	72.10%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The above mentioned calculation was determined using HMIS data for Federal Fiscal Year 2025 (October 1, 2024 - September 30, 2025). During that time, there were 233 exits total from the MD-503 system. Of those 233 exits, 19 were permanent placements with family, 6 were permanent placements with friends, and 143 were placements into rentals without a subsidy. This totals 168 placements out of 233 exits, or 72.1%.

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.	01/26/2026

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	126	0	126	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	16	0	16	100.00%
4. Rapid Re-Housing (RRH) beds	79	0	79	100.00%
5. Permanent Supportive Housing (PSH) beds	198	0	198	100.00%
6. Other Permanent Housing (OPH) beds	118	0	118	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)

As demonstrated above, the MD-503 has bed coverage rates greater than 84.99%, therefor this question is not applicable.

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	Attachment 1_List...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Attachment 2_MD-5...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Attachment 3_MD-5...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Attachment 4_Evid...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Attachment 5_Loca...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	Attachment 6_Loca...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	Attachment 7_MD-5...	09/30/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No	Attachment 9_Proj...	09/29/2026
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	Attachment 10_MD-...	09/30/2026
11. Other	No		

Attachment Details

Document Description: Attachment 1_List of CoC Program Projects & the Number of Units that Require Substance Abuse Treatment

Attachment Details

Document Description: Attachment 2_MD-503_List of TH_RRH_PSH with onsite Substance Use Treatment

Attachment Details

Document Description: Attachment 3_MD-503_Language from Project Supportive Services Agreements

Attachment Details

Document Description: Attachment 4_Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Attachment 5_Local Competition Scoring Tool_2026 CoC Project Application Scoring Rubric

Attachment Details

Document Description: Attachment 6_Local Competition Selection Results

Attachment Details

Document Description: Attachment 7_MD-503_2026 Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment 9_Project List for Other Federal Statutes

Attachment Details

Document Description: Attachment 10_MD-503 Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

MD-503 Annapolis and Anne Arundel Continuum of Care

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

Attachment #2

Supporting Question: 1C-1f

The MD-503 CoC's Arundel House of Hope (AHoH) Transitional Housing Project has 24 beds in housing that require substance abuse treatment across three locations.

There are 6 beds at the AHoH Patriot House, 10 beds at the AHoH Fouse Center, and 8 beds at AHoH's Bridges to Hope House.

This totals 24 beds for chronic substance users.

MD-503 Annapolis and Anne Arundel Continuum of Care

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

Attachment #1

Supporting Question: 1C-1

The MD-503 CoC has five member providers of that require substance abuse treatment.

1. The Anne Arundel County Mental Health Agency, a CoC funded PSH provider, operates a 24-hour Warmline, care coordinator, support accessing outpatient therapy or residential programming, supported housing, and manages the Crisis Response Team.

2. The Anne Arundel Department of Health offers comprehensive substance abuse services, including outpatient, inpatient, detox, and sober housing.

3. Sarah's House, operated by Catholic Charities, applying for a new transitional housing program has staff on-site working in contractual partnership with Villa Maria Behavior Health which offers substance use and mental health treatment.

4. Arundel House of Hope, an applicant for CoC funds, operates a County funded and staffed Community Recovery Center (CRC), at its Day Resource Center. The CRC offers support and resources for those recovering from addition, substance use, and mental health conditions.

5. People Encouraging People, a CoC PSH provider, provides Assertive Community Treatment team to clients to support behavior health and recovery while remaining stably housed. This program offers medication management.

Arundel House of Hope
7164 E Furnace Branch #A Road
Glen Burnie MD 21060

SUPPORTIVE SERVICES AGREEMENT

The AHOH Program _____ and _____ program participant agree to the following:

1. The participant agrees to comply with all goals that are set forth in your case management plan.

2. Participant agrees to comply with all the supportive goals which may include, but are not limited to: Appointments, medication plan, individual and/or group treatment plan, educational plan, educational training, job/vocational training, job search activity employment, legal assistance, financial counseling, and/life skills training.

3. Participant agrees to meet with the Case Manager at least once a week for the first six (6) months or until Case Manager determines a different meeting schedule. After the first six (6) months the participant agrees to meet with the Case Manager as designed by the Case Manager.

4. The Case Manager agrees to meet with the participant as stated in #3.

5. The Case Manager and participant agree to monitor the case management plan on a weekly basis and to update the plan monthly.

6. The Manager agrees to provides services and develop a case plan in conjunction with the program participant. The program participant is responsible for following through with the case plan to ensure his success.

Additional services are available upon request. Ask your Case Manager if you have any questions.

Participant's Signature: _____ Date: _____

Case Manger Signature: _____ Date: _____

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POLICY PROCEDURE AGREEMENT FORM

I, _____, agree to follow all the policies and procedures of The Patriot House as set forth in the Program Participant Policy and Procedure Handbook.
I understand that if I receive any infractions I may be placed on "Restriction," other disciplinary action, and/or terminated from the program.
I also understand that engaging in the following behaviors will result in my immediate dismissal from The Program:

√ Bringing and/or possessing illegal- drugs or alcohol- or weapons on the property,
√ Using illegal drugs and alcohol while in the program, Physical or verbal threats or any type of intimidation,
√ Any type of physical violence,
√ Smoking inside the facility,
√ Receiving more than one infraction for another violation of The Program policy, or receiving several infractions of different violations.

I understand that I must comply with the following savings policies and procedures:

√ Deposit up to 80% of my total monthly income into a savings plan, failure to do so may result in disciplinary action and/or dismissal from The Program.
√ Turn money only into my Caseworker or the Executive Director and receive a' receipt for my deposit.
√ To obtain any funds I must make an official request for my funds. After the official request is filed, The Patriot House has two business days to give me the funds. If I make a request of any savings I may be terminated from the program immediately.

I understand that I will be required to submit to random urinalysis and breathalyzer to test for drugs and alcohol according to the procedure outlined in the Program Participant Policy and Procedure Handbook.
I understand that I am to pay back $1 for each of the bus tokens that I receive.
I also understand that after an appropriate amount of time residing in The Program and being employed I will be charged a nominal monthly program fee, not to exceed 30%® of my total gross income.
I understand that I must attend house meetings regularly, meetings, and any other meeting or support groups as determined by my caseworker and weekly meeting with my caseworker.
It is my responsibility to ensure that my bedroom area is cleans at all times, and to participate in all tasks assigned. I understand that I am expected to conduct myself in a mature adult manner at all times.
I have read and understand this policies and procedures, and agree to follow them as set forth in the Program Participant Policy and Procedure Handbook (received a copy).

Signature: _____ Date: _____

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Checklist for Resident Records

Client Name:_____ **DOB**_____
Start Date:_____ **SSAN:**_____ **HMIS #:**_____
Mobile Number:_____

1. **Informed Consent Materials** □ Policy Handbook for client given and signed

   □ HOIS Forms (4 + 1)
   □ Homelessness Verification
   □ Income Verification on File
   □ Permission for the Release of or for the Obtaining of Information
   □ Release of Confidential Information
   □ Policy and Procedure Agreement Form

2. **Further Evaluation or Consultations needed – Indicate Questions to be Addressed**

   □ Medical: _____
   □ Counseling: _____
   □ Vocational Educational: _____
   □ Other
   □ Psychiatric: _____
   □ Vocational/Educational _____
   □ Police

3. **Case Management Information**
   □ Referral received: Date_____ By whom _____
   □ Interview Date_____ By whom_____
   □ Accepted in Program Date_____ By whom_____

4. **Documents**
   □ State ID
   □ Social Security Card
   □ DD214
   □ DSS Benefits Verification
   □ Legal Issues and or Probation Parole Verification
   □ Birth Certificate
   □ PAC / or Medical Card
   □ Copy of Award Letter
   □ Employment Verification

5. **Explanations**
   □ Self Help Groups & Reflection
   □ Chores
   □ 30 Day Probation
   □ After 1st 30 Day Privileges
   □ Showering
   □ Assessment & Counseling
   □ Case Management Compliance
   □ In House Groups & Reflections
   □ Curfews
   □ Late Meetings
   □ Cooking & Eating
   □ Special AHOH Events
   □ Write-Ups

6. First Week Tasks
   □ Case Plan
   □ Sign & Return all Papers
   □ Change address with Post Office
   □ MTA Card
   □ Obtain any Pending Documents
   □ Change with MVA

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MEDICAL INFORMATION

Participant's Name _____

Physician

Name:_____ Date of last Physical:_____

Address:_____ Date of last test for HIV:_____

_____

Phone #:_____ Fax #:_____

Release of information:

Date sent:_____

Date received: _____

Insurance □ Pharm. Asst.□ Medicaid □ Medicare □ HMO

□ Private □ None □ Other:_____

Start Date:_____ Expiration Date: _____

Current Medical Conditions

Check all that apply

□ Visual Impairment	□ Diabetes	□ HIV/AIDS	□ Hepatitis
□ Hearing Impairment	□ Allergies	□ Emphysema	□ Asthma
□ Physical Handicap	□ Arthritis	□ Epilepsy/Seizures	□ Constipation
□ Alzheimer's	□ Foot Problems	□ Depression	□ Diarrhea
□ High Blood Pressure	□ Dry Heaves	□ Gastritis	□ Pneumonia
□ Heart Disease	□ Mononucleosis	□ Tuberculosis	□ Schizophrenia
□ Trouble Keeping Balance	□ Rheumatic Fever	□ Stomach Ulcers	□ Rheumatic Fever
□ Shortness of Breath	□ Vomiting Blood	□ Other (Specify):_____	

Brief explanation of checked items:_____

_____

_____.

Has participant ever been tested for HIV? □ Yes □ No

If yes, what were the results? □ + □ –

Does participant have any sexually transmittable diseases □ Yes □ No

If yes, what disease? _____ Treatment Received?_____

Medication

Does participant take any prescribed medications? □ Yes □ No □ Unknown

If yes, list current medications and doses:

Medications Doses

List any over the counter medication that participant takes and how often it's taken (including vitamins, etc.)

Physical Disability (Check all that apply)

□ None □ Deafness □ Blindness □ Unable to Walk

□ Unable to communicate Verbally □ Traumatic Brian Injury

Do you wear a hearing aid (s)? □ Yes □ No

Do you wear glasses / contacts? □ Yes □ No

PSYCHIATRIC INFORMATION

Psychiatrist

Name:

Address:

Phone #:

Fax #:

Release of Information

□ Date Sent:

□ Date Received:

Current Diagnosis

Date of Diagnosis:

Therapist

Name:

Address:

Phone #:

Fax #:

Release of Information

□ Date Sent:

□ Date Received:

Recent Psychiatric Emergencies

During the past year the participant has had?

□ # of Psychiatric Hospitalizations

History of Psychiatric Hospitalizations'

□ Yes □ No □ Unknown

□ # of Emergency Room Visits for Psychiatric Emergencies

□ # of Emergency Petitions Filed

Admission Dates Name of Institution Reason for Hospitalization

History of Outpatient Psychiatric Care

Mane of Mental Health Provider Reason for Rx Length of Rx

Suicide

Does the participant have a history of suicide? □ Yes □ No □ Un-Known

If yes, date of most recent attempt:_____

Number of attempts in past 2 years: □ None □ 1-5 Times □ More than 5 Times

History of suicidal ideation? □ Yes □ No □ Un-Known

If yes: □ Rarely □ Occasionally □ Constantly

Family History of Suicide? □ Yes □ No □ Un-Known

If yes: □ Grandparent □ Siblings □ Mother □ Father □ Other

Family History of Mental Illness

Relatives with mental illness

□ Mother DX:_____

□ Father DX:_____

□ Siblings DX:_____

□ Grandparents DX:_____

□ Other:_____ DX:_____

Is the participant vulnerable or currently at risk of causing harm to himself or others? □ Yes □ No

Has the participant experienced a recent loss? □ Yes □ No

If yes, explain:_____

_____

_____.

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EMPLOYMENT HISTORY

Employer_____ Start Date_____ End Date_____

Responsibilities _____

Supervisor _____ Phone _____Wage_____

Employer_____ Start Date_____ End Date_____

Responsibilities _____

Supervisor _____ Phone _____Wage_____

Employer_____ Start Date_____ End Date_____

Responsibilities _____

Supervisor _____ Phone _____Wage_____

Employer_____ Start Date_____ End Date_____

Responsibilities _____

Supervisor _____ Phone _____Wage_____

Trainings or other work related experiences

_____

_____

_____

_____

_____

_____

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Participant's Name _____

LEGAL / CRIMINAL RECORD

Arrest Record ☐ Yes ☐ No ☐ Unknown Reported Conviction_____
List of Charges and dates:
_____ Date _____
_____ Date _____
_____ Date _____

Criminal Status: ☐ Parole ☐ Probation ☐ Outstanding Warrants

HISTORY OF VIOLENT BEHAVIOR

History of Violence ☐ Yes ☐ No ☐ Unknown
Date of most recent Violent Act _____ Type of Violence _____
Interaction / Action Taken _____
_____
_____
_____
_____

LEGAL SUMMARY

Charge	Date of Arrest	Disposition	Status

PAROLE / PROBATION

Name of Probation/Parole Officer: _____
Phone Number_____ Fax _____
Address _____

PENDING COURT DATES

Charge	Date of Arrest	Court Date	Location/Time

Lawyer's Name _____
Phone Number _____Fax _____
Address _____
_____

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EDUCATION

PARTICIPANT'S NAME: _____

Does participant have difficulty reading and/or writing? □ Yes □ No
□ Highest Grade Completed
_____

□ High School Graduate

□ GED

□ College Graduate

□ Post Graduate

□ Trade School

□ Other: _____

Testing Results
Current Reading Level _____

Current Writing Level _____

Current Math Level _____

Educational Goals:

_____
_____
_____
_____.

Has program participant ever attended college? □ Yes □ No

If yes, did he obtain a degree? □ Yes □ No If yes, list degree? _____

If no, how many college credit hours does he have?

Does participant feel he was successful student (i.e. / poor-good) □ Yes □ No

Reasons Stated" _____
_____
_____.

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Internet and Electronic Information Access Policy

Introduction

The mission of the Patriot House Computers is to promote "free and easy access to the vast array of ideas and information," ensuring "access to other collections and information resources throughout the nation and the world." It is in the context of this mission of Arundel House of Hope and the Patriot House to provide access to the internet and other electronic information resources.

A Disclaimer

The internet is a global network of computers with no central organization structure or control. It provides a gateway to millions of local, national, and international sources of information. While the internet generally provides access to a wealth of information that is valuable and enlightening, the user may find information that is controversial, offensive, disturbing, erroneous, or illegal. It is the responsibility of the user to determine the appropriateness, accuracy, and usefulness of the information by the Patriot House does not imply sponsorship or endorsement of the information.

B Internet User Guidelines

Computer users who access the Patriot House internet and other electronic services are responsible for using them in an ethical, legal, and considerate manner. Examples of prohibited usage include, but are not limited, to:

- Using the internet workstations for any illegal purposes
- Engaging in any activity that is deliberately offensive or creates an intimidating or hostile environment
- Representing oneself as another person or using the internet to transmit obscene, threatening, or harassing materials
- Viewing, displaying, or printing explicit graphical images in violation of Law
- Any type of Pornography, explicit, or offensive items will not be tolerated and may be reason for computer or internet access to be denied
- Damaging or destroying equipment, software, or data belonging to the Patriot House or to other users, including adding, altering, or deleting files on the Patriot House computers, hard drives, or other Patriot House equipment
- Violating computer system or network integrity, including attempts to bypass network security functions, obtain passwords, or alter the configuration of the Patriot House computers in any way
- Violating copyright laws, U.S. Copyright law (Title 17, U.S. Code) prohibits reproduction or distribution of copyrighted materials, except as permitted by principles of "fair use"." Responsibility for any possible copyright infringement lies solely with the user. The Patriot House expressly disclaims any liability or responsibility resulting thereof.
- Computer and internet use may be monitored by staff and any suspected illegal activity will be reported to the authorities

C Conditions of Use

To ensure that these internet and electronic resources are provided fairly and equitably, the following conditions of use shall apply:

- Internet will be available during the Patriot House computer hours of operations
- Usage is on a first-come, first-served basis
- The Patriot House reserves the right to set time limits for individual sessions of use so that monopolizing of internet resources in minimized
- Internet printing should be limited
- Users may download information from the internet, using a USB Drive. However, the user is cautioned regarding computer viruses. The Patriot House and Arundel House of Hope is not responsible for damage to the user's USB drive or computer, of any loss of data, damage, or liability that may occur from use of the Patriot House's internet services
- Users shall not attempt to upload, install, setup, run, or execute any program or software not authorized by the Patriot House Staff on any of the Patriot House's computer and or systems. This prohibition does not, however, restrict users from uploading text documents, such as resumes, form their own disks (USB drive) to distant internet sites
- The Patriot House reserves the right to limit or restrict internet application.

Any violation of those policies may result in any of the following: reduction of internet and computer access, exit or termination for the program, reporting all suspected illegal activities to the authorities.
NOTE: THESE RULES APPLY TO THOSE WHO HAVE THEIR OWN PRIVATE COMPUTER, WITH THE EXCEPTION OF OTHERS USING YOUR COMPUTER.
Any violation of these policies may result in any of the following: reduction of internet and computer access, exit or termination from the program, reporting all suspected illegal activities to the authorities.
I have read the policies and I understand them.

_____ _____

Name Date

MARYLAND BEHAVIORAL HEALTH ADMINISTRATION
CONTINUUM OF CARE (CoC) PROGRAM
CoC PARTICIPANT HOUSING &
SUPPORTIVE SERVICES AGREEMENT

Housing:

1. ***Rental Payments:***
   I agree to follow the terms and conditions of the lease agreement and pay my portion of the rent as determined by the Rental Calculation Worksheet.

2. ***Income Certification*:**
   I will report all changes (increases or decreases) in income and provide verification of the changes within 10 days of such change to the CoC Program Case Manager. I will comply with annual and/or interim re-certification procedures including but not limited to: verification of household income and completing releases of information. If I submit false information on any application, certification or re-certification and/or do not report changes in household income, this may lead to my termination from the CoC Program.

3. ***Drug Activity*:**
   I will not sell or use illegal drugs in the unit, nor shall I allow any individuals to sell or use illegal drugs in the unit. I agree to be responsible for any acts committed by family members, guests, and/or visitors that threatens the safety or security of others and for any illegal acts by family members, guests, and visitors while in the unit.

4. ***Disturbing the Peace:***
   I agree not to cause or allow in the unit and/or premises any excessive nuisance, noise, or other activity which disturbs the peace and quiet enjoyment of neighbors or other residents in the building or violates any State Law or local government/city ordinance.

5. ***Visitors, Guests, and/or Family Members:***
   The U.S. Department of Housing & Urban Development (HUD) considers any individual who stays in the unit for 15 days or more of the month to be a member of the household. Any failure to report such individuals to the CoC Program Coordinator and/or Case Manager may result in immediate termination from the Continuum of Care Program.

6. ***Unit Concerns:***
   If there is a problem or concern after I have moved into the unit, it is my responsibility to contact either my CoC Program Case Manager and/or the CoC Program Coordinator.

7. ***Termination:***
   If I am terminated from the Continuum of Care Program, I have the right to use the formal appeals/grievance process as outlined in the BHA Continuum of Care Program and/or the Termination Procedures: Grievance/Appeals Procedure to appeal my rental assistance termination.

SUPPORTIVE SERVICES:

1. ***Case Management Services*:**
   I will meet and/or have contact with my CoC Program Case Manager as required (visits can range from two visits/month – 5 visits/month). I will allow the Case Manager to visit me at my unit. The Case Manager will develop my Individual CoC Program Service Plan with me and I will assist in developing my specific goals and meeting those goals as part of being a participant in the BHA Continuum of Care Program.

2. ***CoC Program Service Plan*:**
   I will participate in the development of my CoC Program Service Plan. I will participate in activities as it relates to my Individual Services Plan. I understand that it may be necessary to revise my plan to reflect current supportive services needs as they occur as long as I am in the BHA Continuum of Care Program.

I, _____ have read or have had the above information read
(Participant's Name)
to me and understand this CoC Participant Housing & Supportive Services Agreement. I understand that any violation of this Agreement may be cause for termination from the BHA Continuum of Care Program.

_____ _____
CoC Participant's Signature **Date**

_____ _____
CoC Case Manager's Signature **Date**

The Continuum of Care Program funding is contingent on funding from the U.S. Department of Housing and Urban Development.

Revised: 09/24/2026

MARYLAND BEHAVIORAL HEALTH ADMINISTRATION
CONTINUUM OF CARE (CoC) PROGRAM
CoC PARTICIPANT HOUSING & SUPPORTIVE SERVICES AGREEMENT

Housing:

1. ***Rental Payments:***
   I agree to follow the terms and conditions of the lease agreement and pay my portion of the rent as determined by the Rental Calculation Worksheet.

2. ***Income Certification*:**
   I will report all changes (increases or decreases) in income and provide verification of the changes within 10 days of such change to the CoC Program Case Manager. I will comply with annual and/or interim re-certification procedures including but not limited to: verification of household income and completing releases of information. If I submit false information on any application, certification or re-certification and/or do not report changes in household income, this may lead to my termination from the CoC Program.

3. ***Drug Activity*:**
   I will not sell or use illegal drugs in the unit, nor shall I allow any individuals to sell or use illegal drugs in the unit. I agree to be responsible for any acts committed by family members, guests, and/or visitors that threatens the safety or security of others and for any illegal acts by family members, guests, and visitors while in the unit.

4. ***Disturbing the Peace:***
   I agree not to cause or allow in the unit and/or premises any excessive nuisance, noise, or other activity which disturbs the peace and quiet enjoyment of neighbors or other residents in the building or violates any State Law or local government/city ordinance.

5. ***Visitors, Guests, and/or Family Members:***
   The U.S. Department of Housing & Urban Development (HUD) considers any individual who stays in the unit for 15 days or more of the month to be a member of the household. Any failure to report such individuals to the CoC Program Coordinator and/or Case Manager may result in immediate termination from the Continuum of Care Program.

6. ***Unit Concerns:***
   If there is a problem or concern after I have moved into the unit, it is my responsibility to contact either my CoC Program Case Manager and/or the CoC Program Coordinator.

7. ***Termination:***
   If I am terminated from the Continuum of Care Program, I have the right to use the formal appeals/grievance process as outlined in the BHA Continuum of Care Program and/or the Termination Procedures: Grievance/Appeals Procedure to appeal my rental assistance termination.

DRAFT

SUPPORTIVE SERVICES:

1. ***Case Management Services*:**
   I will meet and/or have contact with my CoC Program Case Manager as required (visits can range from two visits/month – 5 visits/month). I will allow the Case Manager to visit me at my unit. The Case Manager will develop my Individual CoC Program Service Plan with me and I will assist in developing my specific goals and meeting those goals as part of being a participant in the BHA Continuum of Care Program.

2. ***CoC Program Service Plan*:**
   I will participate in the development of my CoC Program Service Plan. I will participate in activities as it relates to my Individual Services Plan. I understand that it may be necessary to revise my plan to reflect current supportive services needs as they occur as long as I am in the BHA Continuum of Care Program.

DRAFT

I, _____ have read or have had the above information read
(Participant's Name)
to me and understand this CoC Participant Housing & Supportive Services Agreement. I understand that any violation of this Agreement may be cause for termination from the BHA Continuum of Care Program.

_____ _____
CoC Participant's Signature **Date**

_____ _____
CoC Case Manager's Signature **Date**

Primary Participant Agreement

I agree to the following in order to participate in the Supported Housing Opportunity Program:

- Participate in developing my Service Plan and comply with the case management, rehabilitation and education indicated on my Plan;
- Report any changes in income, marital status, or my living status to my case manager;
- Notify my case manager within 30 days if I intend to leave my current housing;
- Pay my rent and/or utilities as stated on my Rent Calculation Worksheet and AACMHA approval letter;
- Keep my housing unit reasonably clean and in good repair;
- Agree that only individuals listed on the lease and approved by the Supported Housing Opportunity Program are living in the Supported Housing Opportunity Program unit (this includes spouse and children who are not listed on the lease);
- Agree to meet with my Supported Housing Opportunity Program Case Manager in the rented Supported Housing Opportunity Program unit, and;
- Abide by the rules and requirements of the landlord, as indicated in my occupancy or lease agreement.

I understand that failure to comply with these conditions may result in my not continuing to receive rental assistance through the Supported Housing Opportunity Program.

_____ _____
Date Participant Signature

_____ _____
Date Witness

Supportive Services Agreement

Project Name: Sarah's House Transitional Housing

Recipient/Subrecipient: Associated Catholic Charities, INC – Sarah's House

Component Type: Transitional Housing

Participant Name:

Agreement Term: while enrolled in the project

1) Purpose & Authority

This Agreement explains the supportive services offered and the participant obligations related to services while enrolled in Sarah's House Transitional Housing Program. It is issued pursuant to program rules (including 24 CFR 578.75(h) regarding participant engagement in supportive services) and the requirements described in the FY2025 CoC NOFO.

2) Services Offered (What, How Often, and By Whom)

The project will provide or coordinate the following housing-focused services to help participants obtain and retain permanent housing:

In House Core Housing Services:

• Housing Case Management: weekly through Sarah's House case management.

• Housing Navigation/Lease-Up: weekly through Sarah's House case management.

• Benefits Access (SSI/SSDI, SNAP, Medicaid/Medicare, TANF): monthly (or as needed) through Sarah's House case management.

• Employment & Income Supports (WIOA/Workforce): weekly (or as needed) through Sarah's House case management.

• Tenancy Skills / Budgeting / Landlord Mediation: weekly (or as needed) through Sarah's House case management.

• Transportation Supports: daily (or as needed) through Sarah's House case management.

• Behavioral Health / SUD linkages (incl. MAT if applicable): weekly (or as needed) through Villa Maria Behavioral Health Services or community based BHS providers.

Accessibility, Safety, & Cultural Responsiveness: Services will be delivered with reasonable accommodations, language access, trauma-informed practices, and flexible scheduling (including field-based/onsite visits) to meet participant needs.

Please see Sarah's House Transitional Housing Handbook for more information.

3) Participant Engagement Requirement (24 CFR 578.75(h))

By signing this Agreement, the participant acknowledges the following:

Required Services (select the items that apply to this project):

☐ Attend Housing Case Management at least bi-weekly.

☐ Participate in Tenancy Skills/Budgeting as scheduled.

☐ Complete Benefits Screening/Applications (SSI/SSDI/SNAP/Medicaid) with staff assistance as needed.

☐ Participate in Employment Navigation/Job Coaching (if job-seeking) weekly, or as needed.

☐ Safety planning and coordination for appointments as needed.

☐ Behavioral health services as recommended after evaluation.

Optional/Offered Services (not required): Children and family activities

Reasonable Accommodations: If a disability or other circumstance affects participation, the participant may request reasonable changes to service delivery or cadence. The project will engage in an interactive process to adjust the plan.

4) TH-Only Clause: Minimum of 20 Hours/Week of Individualized Services

• The project will ensure each TH participant is offered 20 hours per week of individualized supportive services consistent with the FY2025 NOFO.

• Proportional Reduction for Employment: If the participant is employed, weekly service hours will be reduced proportionally to reflect work hours.

• Exclusions: Participants who are 62+ or who have a physical or developmental disability (not including SUD alone) are excluded from the 20-hour calculation.

• Documentation: The project will document weekly offerings and participation (or exemptions) in case notes/service logs.

5) Communication, Scheduling, & Attendance

• The project will provide a written Service Schedule (days/times/locations or virtual options) and will also email those who choose to opt in.

• The participant agrees to keep scheduled appointments or notify staff of conflicts to reschedule.

• Missed contacts will trigger supportive follow-up (calls, texts, field attempts) to re-engage.

6) Monitoring, Progress, & Supportive Responses

Staff will record service contacts and progress in HMIS (or a comparable database for VSPs) consistent with CoC policies.

If engagement lapses, the project will use supportive, non-punitive steps (problem-solving, adjusting cadence/format, accommodations).

Graduated Responses for Persistent Non-Engagement:

1) Re-engagement outreach and barrier-solving.

2) Case conference to modify the plan and offer accommodations.

3) Written notice with options to re-engage and appeal.

4) As a last resort and when required by program rules/lease/occupancy agreement, the project may take administrative steps consistent with rights, protections, and due process.

7) Participant Rights, Grievances, & Safety

• Rights & Non-Discrimination: Services are provided without discrimination, consistent with Fair Housing and applicable civil-rights laws.

• Confidentiality & VAWA: Information is confidential; survivors may refuse to share VAWA-protected information. Releases are time-limited and revocable.

• Grievances/Appeals: Participants may file a grievance about services or staff conduct. The project will provide a written process and respond within 2 days.

• Safety: The participant and staff will follow safety practices (home-visit protocols, scheduling during daylight where appropriate, etc.).

8) Data Collection & HMIS/Comparable Database

• The participant consents to data entry in HMIS (or a comparable database for VSPs) per CoC policy, with signed releases as required.

• Data will be used to coordinate care, track outcomes, and meet reporting requirements.

9) Mainstream Resources & Coordination

The project will help participants apply for and maintain benefits and resources (e.g., SSI/SSDI, SNAP, Medicaid/Medicare, TANF, WIOA/Workforce), and will coordinate with FQHCs/BH providers, housing authorities/landlords, and other community partners to support housing stability.

10) No Waiver of Rights

Nothing in this Agreement waives any rights afforded to the participant under applicable law, lease/occupancy agreements, or program rules.

11) Acknowledgment & Signatures

By signing below, the participant and project representative acknowledge that they have read, understand, and agree to the terms of this Supportive Services Agreement. A copy will be provided to the participant.

Participant: _____ Date: ____/____/_____

Project Staff (Name/Title): _____ Date: ____/____/_____

Agency Contact (Phone/Email): [Insert]

PEP Housing First Program Supportive Services Agreement

Project Name: PEP Housing First Program

Recipient/Subrecipient: People Encouraging People, Inc.

Component Type: PSH

Participant Name: [First Last or Household Head]

Agreement Term: Effective [Start Date] through [End Date] or while enrolled in the project, whichever comes first].

1) Purpose & Authority

This Agreement explains the supportive services offered and the participant obligations related to services while enrolled in [Project Name]. It is issued pursuant to program rules (including 24 CFR 578.75(h) regarding participant engagement in supportive services) and the requirements described in the FY2025 CoC NOFO.

2) Services Offered (What, How Often, and By Whom)

The project will provide or coordinate the following housing-focused services to help participants obtain and retain permanent housing:

Core Housing Services (in-house or via partner MOUs):

• Housing Case Management: [weekly / biweekly / monthly] by representative (s) of PEP.

• Housing Navigation/Lease-Up PSH retention: [cadence] by representative (s) of PEP.

• Benefits Access (SSI/SSDI, SNAP, Medicaid/Medicare, TANF): [cadence] by representative (s) of PEP.

• Employment & Income Supports (WIOA/Workforce): [cadence] representative (s) of PEP.

by representative (s) of PEP.

• Tenancy Skills / Budgeting / Landlord Mediation: [cadence] by representative (s) of PEP.

• Transportation Supports (bus passes, accompaniment): [as needed / schedule] by representative (s) of PEP.

• Behavioral Health / SUD linkages (incl. MAT if applicable): [referral cadence / onsite days] via [FQHC/BH provider].

Accessibility, Safety, & Cultural Responsiveness: Services will be delivered with reasonable accommodation, language access, trauma-informed practices, and flexible scheduling (including field-based/onsite visits) to meet participant needs.

Attach or reference the internal Service Plan that lists individualized goals, visit frequency, and responsible staff.

3) Participant Engagement Requirement (24 CFR 578.75(h))

By signing this Agreement, the participant acknowledges the following:

Required Services (select the items that apply to this project):

☐ Attend Housing Case Management at least bi-weekly.

☐ Participate in Tenancy Skills/Budgeting as scheduled.

☐ Complete Benefits Screening/Applications (SSI/SSDI/SNAP/Medicaid) with staff assistance.

☐ Participate in Employment Navigation/Job Coaching (if job-seeking).

☐ Safety planning and coordination for appointments as needed.

☐ Other project-specific required services: asking for help when additional support is needed and communication with service provider.

All the above Participant Engagement Requirements pertain to PEP's Housing First Program.

Optional/Offered Services (not required): e.g., peer support groups, life-skills classes and providing feedback about services.

Reasonable Accommodations: If a disability or other circumstance affects participation, the participant may request reasonable changes to service delivery or cadence. The project will engage in an interactive process to adjust the plan.

4) Communication, Scheduling, & Attendance

• The project will provide a written Service Schedule (days/times/locations or virtual options).

• The participant agrees to keep scheduled appointments or notify staff of conflicts to reschedule.

• Missed contacts will trigger supportive follow-up (calls, texts, field attempts) to re-engage.

5) Monitoring, Progress, & Supportive Responses

Staff will record service contacts and progress in HMIS (or a comparable database for VSPs) consistent with CoC policies.

If engagement lapses, the project will use supportive, non-punitive steps (problem-solving, adjusting cadence/format, accommodations).

Graduated Responses for Persistent Non-Engagement:

1) Re-engagement outreach and barrier-solving.

2) Case conference to modify the plan and offer accommodation.

3) Written notice with options to re-engage and appeal.

4) As a last resort and when required by program rules/lease/occupancy agreement, the project may take administrative steps consistent with rights, protections, and due process.

Note: For RRH/PSH, housing retention should remain the priority. Non-engagement in services should not automatically cause a lease violation; follow your lease/landlord and program rules.

6) Participant Rights, Grievances, & Safety

• Rights & Non-Discrimination: Services are provided without discrimination, consistent with Fair Housing and applicable civil-rights laws.

• Confidentiality & VAWA: Information is confidential; survivors may refuse to share VAWA-protected information. Releases are time-limited and revocable.

• Grievances/Appeals: Participants may file a grievance about services or staff conduct. The project will provide a written process and respond within [X] days.

• Safety: The participant and staff will follow safety practices (home-visit protocols, scheduling during daylight where appropriate, etc.).

7) Data Collection & HMIS/Comparable Database

• The participant consents to data entry in HMIS (or a comparable database for VSPs) per CoC policy, with signed releases as required.

• Data will be used to coordinate care, track outcomes, and meet reporting requirements.

8) Mainstream Resources & Coordination

The project will help participants apply for and maintain benefits and resources (e.g., SSI/SSDI, SNAP, Medicaid/Medicare, TANF, WIOA/Workforce), and will coordinate with FQHCs/BH providers, housing authorities/landlords, and other community partners to support housing stability.

9) No Waiver of Rights

Nothing in this Agreement waives any rights afforded to the participant under applicable law, lease/occupancy agreements, or program rules.

11) Acknowledgment & Signatures

By signing below, the participant and project representative acknowledge that they have read, understand, and agree to the terms of this Supportive Services Agreement. A copy will be provided for the participants.

Participant: _____ Date: _____/____

Project Staff (Name/Title): _____ Date: _____/____/_____

Agency Contact 410-366-4299 Tonias@peponline.org

Question 1C-10
Attachment 4
Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

The MD-503 CoC has an active policy around encampments that includes working relationships with the Anne Arundel County Police Department, as well as the Maryland Transportation Authority Police. The MD-503 CoC regularly engages residents of encampments and offers daily hygiene supplies and referrals to resources such as, but not limited to, substance abuse recovery and shelter access when possible. These engagements help the CoC's outreach team develop and deepen relationships with people experiencing homelessness. Typically, the CoC outreach team will engage with encampment residents for 30 days prior to requiring residents to move. During those 30 days, the CoC's outreach team works to connect people with other options for housing - either shelter, treatment beds, or housing when available. The MD-503 CoC believes this "30 day engagement" policy is a beneficial one that supports efforts to move people away from encampments, while not allowing encampment residents to remain in their same location for long periods of time.

Under Anne Arundel County Code § 12-7-107, a property may constitute a "public nuisance" when, on five or more separate occasions within a 30-day period, specified crimes occur on the property and arrests are made. The covered offenses include illegally administering or distributing a controlled dangerous substance and certain illegal storage or concealment of controlled dangerous substances or paraphernalia. The provision authorizes County enforcement, including abatement and injunctive proceedings, and requires the Police Department to communicate with the property owner and seek cooperation before court proceedings.

Maryland law provides specific laws related to when an individual may be involuntarily committed or forced to receive certain treatments. This may occur only when certain circumstances apply and very specific procedures must be followed in the courts. As of October 1, 2026, Maryland law changed to broaden the standards for involuntary commitment and guardianship. See Health-General §10-617, §10-622, and the new § 10-601(c), which takes effect October 1, 2026.)

Anne Arundel County has policies and practices that support comprehensive information sharing under the Sex Offender Registration and Notification Act (SORNA), including information concerning the location of registered sex offenders. The Anne Arundel County Police Department's Written Directive 1002, *Sex Offenders—Notification & Registration*, provides that individuals subject to registration in Anne Arundel County, including those residing within the City of Annapolis and Fort Meade, register with the County Police Department. The Department's Sex Offender Registry Squad is responsible for completing registrations, updating information in the Maryland Online Sex Offender Registry, maintaining registration records, monitoring compliance, coordinating address verification and required notifications, and investigating registration violations. These local practices operate within Maryland's statewide sex-offender registration system, which provides for public registry information and the exchange of registration information with federal agencies and other jurisdictions.

3A-2a: Project List for Other Federal Statutes

The MD-503 CoC is not requesting the ability to allocate up to 10 percent of funding for the fiscal year awarded under the FY 2026 CoC Program Competition NOFO be approved to serve homeless households with children and youth defined as homeless under other federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).

MD-503 Policy or Statement to Advance Recovery
Attachment 10

The MD-503 Continuum of Care affirms its commitment to support any and all efforts to advance recovery from substance-use disorders in all projects and whenever possible.

Before Starting the Project Listings for the CoC Priority Listing

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.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

  - New;
  - Renewal;
  - UFA Costs;
  - CoC Planning;
  - YHPD Renewal; and
  - YHDP 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

  - HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New, CoC Renewal, YHPD Renewal, YHDP Replacement and Reallocation Project Listings – all project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2026 CoC Program Competition NOFO:

  - 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

1. Continuum of Care (CoC) Identification

Collaborative Applicant Name: Anne Arundel County, Maryland

2. Reallocation

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2027 to create one or more new projects?	Yes

Alert:
As stated in the FY 2026 CoC Program Competition NOFO:
- CoCs may reallocate YHDP projects from any Round to create new YHDP Replacement projects.
- If a CoC reallocates funding from a renewal project that was previously awarded DV Bonus funding, any new project created with such funding must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act.

2A. Reallocation - Grant(s) Eliminated

CoCs reallocating eligible CoC Renewal, DV Renewal or YHDP renewal project funds to create new project application(s) may do so by eliminating one or more expiring eligible projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Projects: (Sum of All Eliminated CoC Renewal Projects)
$380,081
Amount Available for New YHDP Projects: (Sum of All Eliminated YHDP Restricted Projects)
$0
Amount Available for New DV Projects: (Sum of All Eliminated DV Restricted Projects)
$0

Eliminated Project Name	Grant Number Eliminated	Component Type	Funding Type	Annual Renewal Amount	Transition Grant
FY25 Catholic Cha...	MD0363L3B032509	PH-RRH	CoC Renewal	$197,997	No
FY25 AHOH Communi...	MD0238L3B032515	PH-PSH	CoC Renewal	$182,084	No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	FY25 Catholic Charities Rapid Rehousing
Grant Number of Eliminated Project:	MD0363L3B032509
Eliminated Project Component Type:	PH-RRH
Funding Type:	CoC Renewal
Eliminated Project Annual Renewal Amount:	$197,997

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

Program did not apply for Rapid Re-Housing in the local competition. Catholic Charities applying for a new Transitional Housing program. The project applicant was notified that funds would be reallocated on August 7th, 2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

Reallocation - Grant(s) Eliminated Details

2A-1 Complete each of the fields below for each eligible renewal grant that is being eliminated during the reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information entered is accurate.

Eliminated Project Name:	FY25 AHOH Community Housing Program / Consolidated

Grant Number of Eliminated Project: MD0238L3B032515

Eliminated Project Component Type: PH-PSH

Funding Type: CoC Renewal

Eliminated Project Annual Renewal Amount: $182,084

2A-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 2500 characters)

The project applicant did not reapply for the program and has applied for a transitional housing program. The project applicant was notifed of the reallocation on August 7th, 2026.

2A-3 Is the project being eliminated to create one or more transition grant applications? No

2B. Reallocation - Grant(s) Reduced

CoCs that are reallocating eligible CoC Renewal, DV Renewal and YHDP Renewal project funds to create new project applications may do so by reducing one or more expiring eligible renewal projects.

YHDP Renewal Grants and DV Renewal Grants may only be reallocated to create new projects that serve the same populations/subpopulations as the projects the funding was reallocated from.

Amount Available for New CoC Project(s): (Sum of All Reduced CoC Projects)
$884,054
Amount available for New YHDP Project(s): (Sum of All Reduced YHDP Projects)
$0
Amount available for New DV Project(s): (Sum of All Reduced DV Projects)
$0

Reduced Project Name	Reduced Grant Number	Funding Type	Annual Renewal Amount	Amount Retained	Amount available for YHDP Project	Amount available for DV Project	Amount available for New Project	Reallocation Type
FY25 AACMHA - SHO...	MD0362L3B032509	CoC Renewal	$521,908	$476,686	$0	$0	$45,222	No
FY25 AHOH Safe Haven	MD0250L3B032516	CoC Renewal	$177,248	$116,501	$0	$0	$60,747	No
FY25 BHA PSH Anne...	MD0114L3B032518	CoC Renewal	$583,447	$434,766	$0	$0	$148,681	No
FY24 ACDS - SHP P...	MD0113L3B032518	CoC Renewal	$1,227,394	$597,990	$0	$0	$629,404	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	FY25 AACMHA - SHOP Pogram
Grant Number of Reduced Project:	MD0362L3B032509
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$521,908
Amount Retained by Project:	$476,686
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$45,222

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Reduced due to make funds available for new projects. Project applicant was notified of this reduction on August 7th, 2028.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	FY25 AHOH Safe Haven
Grant Number of Reduced Project:	MD0250L3B032516
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$177,248
Amount Retained by Project:	$116,501
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$60,747

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Reduced to make funds available for new projects. Project applicant was notified of the reduction on August 7th, 2026.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	FY25 BHA PSH Anne Arundel
Grant Number of Reduced Project:	MD0114L3B032518
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$583,447
Amount Retained by Project:	$434,766
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$148,681

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

Reduced to make funds available for new projects. Project applicant was notified of the reduction on August 7th, 2026.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Reallocation - Grant(s) Reduced Details

2B-1 Complete the fields below for each eligible renewal grant that is being reduced during the FY 2026 reallocation process.

Refer to the FY 2026 Grant Inventory Worksheet to ensure all information, including the funding type, entered is accurate.

Reduced Project Name:	FY24 ACDS - SHP Partnership for Housing (Consolidated)
Grant Number of Reduced Project:	MD0113L3B032518
Funding Type:	CoC Renewal
Reduced Project Current Annual Renewal Amount:	$1,227,394
Amount Retained by Project:	$597,990
Amount available for YHDP Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New DV Project(s): (This amount will auto-calculate by selecting "Save" button)	$0
Amount available for New Project(s): (This amount will auto-calculate by selecting "Save" button)	$629,404

2B-2. Describe how the CoC determined that this project should be reduced and include the date the project applicant was notified of the reduction. (limit 750 characters)

This project was recommended for reduced funding to allow for the reallocation of funds to new projects as of August 7, 2026.

2B-3 Is the project applicant reallocating the grant, in part, to create one or more transition grants?	No

Continuum of Care (CoC) New Project Listing

Instructions:

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based on the number of new projects submitted by project applicant(s) to your CoC in the e-snaps. You may update each of the Project Listings simultaneously.

To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details.

To view the actual project application, click on the orange folder.

If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility to ensure all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Funding Type	Transition Grant	Expansion	Rank	PSH/RRH
FY26 Associated C...	2026-09-28 18:37:...	TH	Anne Arundel Coun...	$550,835	1 Year	Reallocation	No	No	7	
FY26 AHOH - Trans...	2026-09-29 15:53:...	TH	Anne Arundel Coun...	$372,799	1 Year	Reallocation	No	No	8	

FY26 Blessed In Tech	2026-09-29 17:16:...	SSO	Anne Arundel Coun...	$154,900	1 Year	Bonus	No	No	9	
FY26 DSS - Street ...	2026-09-30 09:56:...	SSO	Anne Arundel Coun...	$340,180	1 Year	Reallocation	No	No	6	
FY26 Maryland Avi...	2026-09-30 14:24:...	SSO	Anne Arundel Coun...	$242,000	1 Year	Bonus	No	No	10	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Consolidation	Accepted?	Comp Type	Rank	Expansion	PSH/RRH	Consolidation Type
BHA PSH Anne Arun...	2026-09-25 16:38:...	1 Year	Maryland Departme...	$434,766		Yes	PH	3		PSH	
FY26 ACDS - Partn...	2026-09-28 15:05:...	1 Year	Anne Arundel Coun...	$597,990		Yes	PH	5		PSH	
FY26 AHOH Safe Ha...	2026-09-28 12:36:...	1 Year	Anne Arundel Coun...	$116,501		Yes	PH	2		PSH	
FY26 PEP Housing ...	2026-09-28 12:39:...	1 Year	Anne Arundel Coun...	$269,458		Yes	PH	4		PSH	
FY26 AACMHA-SHOP ...	2026-09-28 17:37:...	1 Year	Anne Arundel Coun...	$476,686		Yes	PH	1		PSH	

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

EX1_Project_List_Status_field

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
FY26 MD-503 CoC P...	2026-09-28 15:49:...	1 Year	Anne Arundel Coun...	$157,000	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.	
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.	X

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted ?	Rank	PSH/RRH	Consolidation Type
This list contains no items									

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2026 CoC NOFO, YHDP Renewal and YHDP Replacement applications are competitive and must be ranked.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Applicant Name	Date Submitted	Comp Type	Expansion	Budget Amount	Grant Term	Funding Type	PSH/RRH	Rank
This list contains no items									

4. Consolidation & Expansion

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions on HUD's website.

1. Is the CoC consolidating renewal projects that will expire in Calendar Year 2027?	No
2. Is the CoC expanding renewal projects that will expire in Calendar Year 2027?	No

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	$1,895,401
New CoC Bonus and CoC Reallocation Amount	$1,660,714
New DV Bonus Amount	$0
New DV Reallocation Amount	$0
YHDP Renewal and Replacement Amount	$0
YHDP Reallocation Amount	$0
CoC Planning Amount	$157,000
Rejected Amount	$0
Total Funding Request	$3,713,115

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	Certification of ...	09/30/2026
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: Certification of Consistency with Consolidated Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

WARNING: The FY 2026 CoC Consolidated Application requires submissions of the CoC Priority Listing AND the CoC Application by the FY 2026 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1. Collaborative Applicant	09/29/2026
2. Reallocation	09/29/2026
2A. Grant(s) Eliminated	09/29/2026
2B. Grant(s) Reduced	09/29/2026
3A. CoC New Project Listing	09/30/2026
3B. CoC Renewal Project Listing	09/29/2026
3D. CoC Planning Project Listing	09/30/2026
3E. YHDP Renewal Project Listing	No Input Required

3F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
4. Consolidation & Expansion	09/29/2026
Funding Summary	No Input Required
Attachments	09/30/2026
Submission Summary	No Input Required

Docusign Envelope ID: 75B45894-F388-89FC-8185-0EDC40DD5F32

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

OMB Number. 2501-0044
Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Anne Arundel County, Maryland

Project Name:

Location of the Project: All projects are located in Anne Arundel County, Maryland

Name of the Federal Program to which the applicant is applying:

Name of Certifying Jurisdiction: Anne Arundel County, Maryland

Certifying Official of the Jurisdiction
Name: Christine M. Anderson

Title: Chief Administrative Officer

Signature: DocuSigned by: F18F9A5AA60D47F... Date: 9/24/2026 | 10:40 EDT

APPROVED FOR FORM & LEGAL SUFFICIENCY
GREGORY P. SWAIN, COUNTY ATTORNEY

DocuSigned by: 2CEB5C8984454A3...

Jason E. Fetterman
Senior Assistant County Attorney

Docusign Envelope ID: 75B45894-F388-89FC-8185-0EDC40DD5F32

Certificate of Consistency with Consolidated Plan
Continuum of Care Application – Project List
Applicant – Anne Arundel County

RENEWAL PROJECTS

Anne Arundel Mental Health Agency SHOP Program	$	476,686
Arundel Community Development Services, Inc. Anne Arundel Partnership for Permanent Housing	$	597,990
Arundel House of Hope, Inc. Safe Haven Program	$	116,501
People Encouraging People, Inc. Housing First Program	$	269,458
BHA PSH Anne Arundel FY26	$	434,766
SUBTOTAL	**$**	**1,895,401**

NEW PROJECTS

Arundel House of Hope Transitional Housing	$	372,799
Blessed in Tech	$	154,900
Catholic Charities Sarah's House Transitional	$	550,835
CoC Planning Grant	$	157,000
Department of Social Services Street Outreach, HMIS, and Coordinated Entry	$	340,180
Maryland Aviation Administration Street Outreach Team	$	242,000
SUBTOTAL	**$**	**1,817,714**
TOTAL:	**$**	**3,713,115**