

Atlanta Continuum of Care

Introduction

Partners for HOME (“PfH”), on behalf of the Atlanta Continuum of Care, is releasing this ECHO Healing Center & Residences grant application to identify qualified nonprofit provider(s) to deliver Supportive Services and Site Manager services for the ECHO Healing Center & Residences project funded through HOME-ARP. Selected provider(s) will support HOME-ARP qualifying populations through non-congregate shelter operations, including clinical and behavioral health coordination, housing stabilization services, on-site operations management, and coordination of resident care and transitions to permanent housing. PfH is a nonprofit organization that serves as the Collaborative Applicant for the Atlanta Continuum of Care (CoC) — a Housing and Urban Development (HUD) program that promotes community-wide commitment to the goal of ending homelessness and provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse people impacted by homelessness. Its mission is to coordinate a comprehensive crisis response system to end homelessness in the City of Atlanta. *Partners for HOME does not discriminate based on race, color, religion, gender, sexual orientation, national origin, age, or disabilities in hiring practices or service provision.*

Project Overview

ECHO Healing Center & Residences - Supportive Services:

This opportunity seeks an experienced nonprofit provider to deliver supportive services for residents of the ECHO Healing Center & Residences, a non-congregate shelter program serving HOME-ARP qualifying populations. Residents will reside in private units and are expected to stay an average of 3 to 9 months, with a strong focus on stabilization and transition to permanent housing.

The ECHO Healing Center & Residences is designed as a phased housing model that combines Non-Congregate Shelter (NCS) and future Permanent Supportive Housing (PSH) on a single campus. The property will initially operate as a 60-unit NCS program, with a planned future transition of a portion of the units to PSH in accordance with HOME-ARP requirements.

The selected provider will deliver client-centered, trauma-informed supportive services focused on housing stabilization, healthcare and behavioral health coordination, resident engagement, and transition planning to permanent housing destinations, including Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), and other appropriate housing resources. The provider will also coordinate closely with the site manager and external partners to ensure continuity of care and successful housing outcomes.

Anticipated Award

Respondents are expected to provide supportive services for a 60-resident non-congregate shelter program during the initial grant year and should submit a budget proposal that reflects the staffing, coordination, and supportive service needs necessary to support resident stabilization and transition to permanent housing. Providers should also demonstrate how they will maximize Medicaid and other third-party reimbursement opportunities, where applicable, to support long-term program sustainability and coordination of care.

General Information

This section will be reviewed by internal and external reviewers.

This **Non-congregate Shelter SSO** funding opportunity is part of the Atlanta CoC homeless response plan. The following documents will be uploaded as part of the application:

- FY25 organizational budget
- Two years of audited financials *or* internal financial statements to include a State of Financial Position (Balance Sheet), Statement of Activities(Profit & Loss)
- Financial Policies and Procedures (organizations funded by PfH in the past 12 months do not need to submit)
- Data Quality Submission report for the period of Oct 1 - Dec 31, 2025

* **1. Organization and Contact Information.** Provide the information below for the application's point of contact.

Name of Organization

Organization Tax ID
(EIN)

Organization Founding
Year

Application Contact
Name

Application Contact
Email

Threshold Section

2. **Nonprofit:** Is your organization a 501(c)(3) nonprofit organization? This is a required eligibility criterion for this funding opportunity.

Yes

No

* 3. **Conflicts of Interest.** Does your agency have any conflicts of interest to disclose? If yes, please detail it here. If no, please enter N/A.

* 4. **HMIS:** Will your organization use the homeless management information system ClientTrack for this project?

- We currently use ClientTrack and will use it for this project.
- We do not currently use ClientTrack but will use it for this project.
- We do not currently use ClientTrack and will not use it for this project.

Experience Section (30 points total)

* 5. **Length of Experience.** How long has the organization provided homeless services in the below CoCs?

| | |
|---|----------------------|
| Atlanta CoC | <input type="text"/> |
| Balance of State | <input type="text"/> |
| Cobb CoC | <input type="text"/> |
| DeKalb CoC | <input type="text"/> |
| Fulton CoC | <input type="text"/> |
| Other CoC (Please share name and years) | <input type="text"/> |

6. **Subpopulation Experience.** Please check all subpopulations your agency has experience with:

- Domestic Violence
- Youth
- LGBTQ+
- Veterans
- Families
- Chronic

* 7. **Team Contacts.** List the name and title of staff contacts in the following areas:

Administration (person responsible for organization management)

Finance (person responsible for grants management and submitting expenses)

Programs (person responsible for leading and managing project implementation)

Performance (person responsible for monitoring HMIS data, project outcomes and submitting performance reports)

* 8. **Housing First.** Give a specific example of how your agency incorporates Housing First when working with clients. If your agency does not currently incorporate Housing First with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

* 9. **Cultural and Linguistic Competencies.** Give a specific example of how your agency incorporates cultural and linguistic competencies when working with clients. If your agency does not currently incorporate cultural and linguistic competencies with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

* 10. **Trauma-Informed Care.** Give a specific example of how your agency incorporates trauma-informed care when working with clients. If your agency does not currently incorporate trauma-informed care competencies with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

* 11. **Representation.** Give a specific example of how Black and Indigenous People of Color (BIPOC) inform decision-making of the organization. (1,000 character limit)

* 12. **Representation.** What percentage of agency's Board, Leadership and Program Staff identify as a BIPOC?

Board

Staff Leadership

Program Staff

* 13. **Lived Expertise.** Give a specific example of how persons with lived expertise (PLE) inform decision-making of the organization. (1,000 character limit)

* 14. **Lived Expertise.** What percentage of the agency's Board, Leadership and Program Staff identify as PLE?

Board

Staff Leadership

Program Staff

* 15. **Financial Management.** Describe your organization's ability to manage grant funds. Include software used to aid in isolating grant expenses and revenues as well as procedures for reporting financial updates to funders. (1,000 character limit)

* 16. **Grant Management.** Has the Atlanta CoC previously funded your organization for a similar project?

Yes. Please answer questions 17 and 18 and write N/A for 19.

No. Please answer question 19.

17. **Grant Management.** If the Atlanta CoC **has previously** funded your organization for a similar project, please indicate the average number of days your financial draw submissions were late. **This may be verified.**

- 0 - 5 days late on average
- 6 - 15 days late on average
- 16 - 30 days late on average
- 31+ days on average

18. **Grant Management.** Explain any circumstances that contributed to late submissions and what steps have been taken to improve timeliness.

19. **Grant Management.** If the Atlanta CoC **has not** previously funded your organization for a similar project, please describe the processes, internal controls, or staff capacity you will use to ensure draw submissions are completed accurately and submitted on time.

* 20. **Grant Management.** Has your organization previously lost funding from the Atlanta CoC? Please share details that led to the loss of funds. Also, detail if you have not lost funding. **This may be verified.**

* 21. **Grant References.** Provide contact information for two funders who have awarded your agency a grant of a similar size to the amount you are requesting in this application. These references cannot be the Atlanta CoC. **This may be verified.**

Grantor 1 Name

Grantor 1 Point of Contact

Point of Contact 1 Email

Point of Contact 1 Phone

Amount of Grant 1

Purpose of Grant 1

Grantor 2 Name

Grantor 2 Point of Contact

Point of Contact 2 Email

Point of Contact 2 Phone

Amount of Grant 2

Purpose of Grant 2

Project Details and Reporting

This section references project components from the Atlanta CoC's Data Quality Plan. This section will be reviewed by internal and external reviewers.

Project Section (35 points total)

* 22. **Supportive Services.** Describe the agency's plan for implementing the program components listed below. Please provide a detailed explanation with examples of how your agency will:

1. Conduct intake and eligibility screening, including how you will incorporate clinical oversight (RN/LPN or licensed clinical partner) to assess medical appropriateness and support intake decision-making.

2. Create and implement client-centered stabilization plans within a defined timeframe and update them based on participant progress.

3. Maintain a case manager-to-client ratio of approximately 1:30 (or adjusted based on acuity).

4. Coordinate with healthcare providers, including hospitals and clinics, and how clinical oversight (RN/LPN or partner) will support ongoing health monitoring and care coordination.

5. Assist clients with obtaining key documents (ID, BC, SS, disability verification, etc.) and loading them into HMIS.

6. Support participants through housing navigation and transition planning, including placement into permanent housing options such as PSH, RRH, or other appropriate housing resources.

7. Provide consistent on-site engagement, including structured programming, peer support, and regular interaction with residents.

8. Coordinate with the site manager and external partners (e.g., healthcare providers, behavioral health providers) to ensure seamless service delivery and continuity of care.

9. Coordinate with Medicaid and other third-party reimbursement sources for eligible behavioral health, medical, or supportive services.

23. **Project Ramp Up.** How long will it take the agency to ramp up for this project after grant execution (e.g. hire and train staff, provide coverage for current staff, etc.)

- 1-30 days
- 31-60 days
- 61-90 days

* 24. **Project Ramp Up.** Provide a detailed timeline of how the agency will ramp up after grant execution. Include details about filling vacant staff roles, training of new staff and staff coverage during the ramp up period.

* 25. **Project Outcomes.** Describe the organization's internal processes for reaching the below project outcomes. Please provide a detailed explanation with examples of how your agency will reach the following goals:

1. All clients will be assessed for and connected to Coordinated Entry, where applicable, within 24-48 hours of program enrollment.

2. All clients will have a completed Individualized Service Plan (ISP) within 72 hours of program enrollment.

3. Maintain average length of stay aligned with program expectations (approximately 3-9 months), with timely transitions to appropriate housing placements

4. Exit at least 60-75% of participants to permanent housing destinations, including PSH, RRH, or other permanent housing solutions.

5. Ensure coordination with healthcare providers for all participants, including follow-up care and service linkages, as applicable.

* 26. **Data Quality.** Does your agency have a Non-Congregate Shelter Data Quality Report with clients enrolled for the period of Oct 1 - Dec 31, 2025?

Yes. Please upload report in question 27 to be scored.

No. Please answer question 28.

27. Upload your Non-Congregate Shelter Data Quality Report for the period of Oct 1 - Dec 31, 2025. **Name this document "Data Quality Report."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

28. **Data Quality.** If your organization ***does not have*** a Non-Congregate Shelter Data Quality Report for the period of Oct 1 - Dec 31, 2025, explain how you will adhere to the following Atlanta CoC Data Quality Plan components. (250 character limit)

Having an error rate of less than 5% for data elements.

Enrolling clients into project within 48 operating hours.

Financials

Please attach the following financial documents as part of your application. This section will be reviewed internally by the Partners for HOME Finance team.

Financial Review Section (35 points total)

* 29. Upload your Board-approved, current fiscal year organization budget. **Name this document "Organization Budget."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

30. Upload the two most recent years of audited financials. **Name this document "Audited Financials."** If an audit was **not completed within the last two years**, please provide the most recent financial statements, including a Statement of Financial Position and a Statement of Activities.

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

31. **If Question 30 was not answered**, upload internal financial statements to include a Balance Sheet and Profit & Loss Statement if you do not have audited financials or a Statement of Financial Position and Statement of Activities. **Name this document "Internal Financials."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

* 32. Upload your financial policies and procedures manual. **Name this document "Financial Policies and Procedures."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

* 33. Please upload your **Supportive Services** project budget using the provided budget template. The budget will serve as your agency's cost proposal and should reflect the proposed staffing structure, supportive service activities, anticipated third-party reimbursement sources (including Medicaid, where applicable), and all other costs necessary to operate supportive services for the 60-unit non-congregate shelter program during the initial grant year.

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen