

2017 Atlanta CoC Renewal Project EXPANSION Review Application

Important information before you begin...

**This application is for agencies that currently have a project funded in the Atlanta CoC that they would like to expand in order to:**

**\* increase the number of units in the project; or**

**\* serve additional persons in the project.**

**This application needs to be completed, in addition to the renewal application.**

**Additionally, to be considered by the Rank and Review Committee, like the other applications, in addition to this surveymonkey, a NEW project e-snaps application needs to be completed.**

**Because of the turn-around time for the surveymonkey applications, it was decided to have a shorter application for expansion grants (mush of it is budget related). However, the e-snaps application, which is not due until August 28, is the full new project application, so please make sure to allow enough time to complete it.**

**As stated, we anticipate this year being a competitive one, please make sure to fully answer each question. The Rank and Review Committee will score expansion grant applications based on this information provided, as well as on the performance of the current grant being expanded.**

**For each Expansion Project, an agency must:**

**1. Submit this application via surveymonkey.**

**2. Email to Amy at** [**amzaremba@atlantaga.gov**](mailto:amzaremba@atlantaga.gov) **and** [**azaremba@partnersforhome.org**](mailto:azaremba@partnersforhome.org) **a quick note when the application has been submitted (and she will send a pdf version for your files);**

**3. Complete the project application, with all updated forms, in e-snaps, no later than August 28,**

**2017, at 4pm.**

**The submission deadline for all completed expansion review applications, and all required documents, is August 16, 2017, at 4:00pm. An application may be considered incomplete if it does**

**not include all required documents.**

**The deadline for your e-snaps application, and all required attachments, is August 28, 2017. An e- snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded. Failure to submit an e-snaps application, with the required attachments, may result in your application being not scored.**

**No late applications or attachments will be accepted.**



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GENERAL INFORMATION

\* 1. Name of Organization

2. Name of Sub-Recipient / Sponsor Organization (if applicable)

\* 3. Contact person for this application

Name and Title

Phone Number

Email Address

\* 4. HUD Project Name of Renewal Grant

\* 5. Grant Number of Renewal Grant

\* 6. Exact HMIS (or equivalent) Name of Renewal Grant

\* 7. Expansion Grant Name (must include at least a portion of the existing renewal project name and the word "Expansion" at the end of the name)

\* 8. Total HUD 2017 Funding Request for the Expansion Project (do not include the amount of the renewal grant)



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QUALITY OF PROPOSED PROJECT

\* 9. Expansion Description: Provide a description that addresses the entire scope of the proposed

expansion. (3000 character limit)

\* 10. Estimated Schedule: Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of the expansion (1000 character limit).



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PROJECT EXPANSION INFORMATION

\* 11. Which of the following will the expansion project provide?

Increasing the number of homeless persons served.

Providing additional supportive services to homeless persons.

\* 12. If proposing to increase the number of homeless persons served, please enter the current level of effort

(of the current grant)

# of persons served at one point in time?

# of units?

# of beds?

\* 13. If proposing to increase the number of homeless persons served, please enter the numbers for the new

effort (proposed increase to the current grant)

# of additional persons served at one point in time?

# of additional units?

# of additional beds?

\* 14. If proposing to provide additional supportive services to homeless persons, please indicate which of the

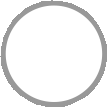
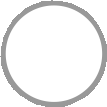
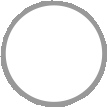
following will the expansion project provide?

Increase number of and/or expand the variety of services provided

Increase the frequency and/or intensity of supportive services

N/A

\* 15. If the proposed project is to increase the existing supportive services,please describe the reason for the increase. response should include why supportive services are being increased from the current grant agreement. (2000 character limit)



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BUDGET AND FINANCIAL

**For the following budget related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to only include allowable expenses, based on the project type being applied for. More information**

**is posted** [**here on the HUD websit**](https://www.hudexchange.info/resource/2912/coc-project-application-budget-information)**e.**

\* 16. Proposed Expansion Project Type

PH - Rapid Rehousing

PH - Permanent Supportive Housing

SSO - Coordinated Entry



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Project Budget

**Please enter the general budget breakdown for the requested funds in Q80. For the budget**

**questions that follow Q80, please enter, more specifically, what each general category will fund.**

\* 17. For each activity listed, please enter the amount of assistance that is requested.

a. Leased Units

b. Leased Structures

c. Rental Assistance

d. Supportive Services

e. Operating

f. HMIS

g. Subtotal (a+b+c+d+e+f)

h. Administrative costs (Up to 7% of subtotal)

TOTAL AMOUNT OF REQUEST (g+h)



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Project Budget - Leased Units

\* 18. Enter number of units by unit type **and** multiply the number of units by FMR (2016 FMR located at:

https[://www.huduser.gov/portal/datasets/fmr.html)](http://www.huduser.gov/portal/datasets/fmr.html)) **and** multiply that number by 12 (1 year grant = 12 months) and enter totals.

a. Efficiency

b. One bedroom

c. Two bedroom

d. Three bedroom

e. Four bedroom

f. Total (a+b+c+d+e) (should equal Q80a)



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Project Budget - Leased Structure

\* 19. Enter the details of the structure.

a. Name

b. Address 1

c. Address 2

d. City

e. State

f. Zip Code

g. HUD Paid Rent (per month)

h. Total Request (g X 12;

should equal Q80b)



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Project Budget - Rental Assistance

\* 20. Indicate the quantity and total budget for each allowable type of rental assistance.

a. Short Term Rental

Assistance

b. Medium Term Rental

Assistance

c. Long Term Rental

Assistance

c. Total (a+b+c) (Should equal Q80c)

\* 21. Enter number of units by unit type **and** multiply the number of units by FMR (2016 FMR located at:

https[://www.huduser.gov/portal/datasets/fmr.html)](http://www.huduser.gov/portal/datasets/fmr.html)) **and** multiply that number by 12 (1 year grant = 12 months) and enter totals.

a. Efficiency

b. One bedroom

c. Two bedroom

d. Three bedroom

e. Four bedroom

f. Total (a+b+c+d+e) (should equal Q80c)



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Project Budget - Supportive Services

**Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE. Please remember, the amount requested for supportive services must be equal or less than 30% of the total amount requested, less**

**administrative costs. If something does not apply, please enter 0 or n/a.**

\* 22. Assessment of Service Needs

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 23. Assistance with Moving Costs

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 24. Case Management

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 25. Child Care

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 26. Education Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 27. Employment Assistance

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 28. Food

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 29. Housing/Counseling Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 30. Legal Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 31. Life Skills

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 32. Mental Health Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 33. Outpatient Health Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 34. Outreach Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 35. Substance Abuse Treatment Services

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 36. Transportation

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 37. Utility Deposits

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 38. Operating Costs (only if for a facility that is used to provide services)

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 39. Total Annual Assistance Requested

Sum of Q85b through Q101b (Should equal Q80d)



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Project Budget - Operating

**Enter the quantity and total budget request for each operating cost. If something does not apply,**

**please enter 0 or n/a.**

\* 40. Maintenance/Repair

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 41. Property Taxes and Insurance

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 42. Replacement Reserve

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 43. Building Security

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 44. Electricity, Gas, Water

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 45. Furniture

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 46. Equipment (lease, buy)

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 47. Total Annual Assistance Requested

Sum of Q103b through Q109b (Should equal Q80e)



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Project Budget - HMIS

**Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS item. When including staff costs, please**

**include title, salary and FTE. If something does not apply, please enter 0 or n/a.**

\* 48. Equipment

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 49. Software

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 50. Service

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 51. Personnel

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 52. Space and Operations

a. Quantity AND Description (200 character limit)

b. Amount Requested

\* 53. Total Annual Assistance Requested

Sum of Q111b through Q115b (Should equal Q80f)



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Cost Efficiency

\* 54. Please briefly explain how your costs, including housing costs and service costs, are all necessary and

reasonable. (1000 character limit)

\* 55. What additional funding sources are committed to this project? (1000 character limit)

\* 56. What is the projected **total budget** for this expansion project (include all financial resources, excluding

in-kind)?

\* 57. If this expansion project proposes to increase the number of person to be served, what is that increase

(do not include the number already served in the renewal grant)?

\* 58. What is the projected total average cost per person served with this expansion grant?

(total budget / persons served)

\* 59. What is the **total HUD request** for this expansion project?

Request Amount

\* 60. What is the projected total average cost, of HUD funds, per person served by this expansion?

(total request / persons served)

\* 61. How many persons are projected to either remain in permanent housing or exit the project to permanent destinations over the course of the program year?

\* 62. What is the projected average cost per exit to, or maintenance of, permanent housing over the course

of the program year?

(total budget / persons in

PH)

\* 63. What is the projected average cost, of HUD funds, per exit to, or maintenance of, permanent housing

over the course of the program year?

(total HUD budget /

persons in PH)



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Match Funds

**HUD requires a 25% match (minus leasing) for this funding. This needs to be based on current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. Documentation is not required at this time, but must be in-hand**

**and dated within 60 days of the HUD application deadline. For additional guidance on match, please refer to the project guides, as well as the** [**FAQs on the HUDexchange websit**](https://www.hudexchange.info/coc/faqs)**e and search for**

**“match.”**

\* 64. Total Match

a. Total HUD CoC funding request (minus leasing)

b. Total cash match (listed below)

c. Total in-kind match

(listed below)

Percent of match provided

(b + c) / a \* 100 =

\* 65. **Cash Match**

List source of match and amount committed

Source and Amount

Source and Amount

Source and Amount

Source and Amount

Source and Amount

If needed, list all other sources and amounts

**TOTAL CASH MATCH**

\* 66. **In-Kind Match**

List source of match and amount committed

Source and Amount

Source and Amount

Source and Amount

Source and Amount

Source and Amount

If needed, list all other sources and amounts

**TOTAL IN-KIND MATCH**



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Assurances

**To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:**

**\* Applicant will complete the HUD esnaps application form with the same information contained in this application unless adjustments have been requested by the Collaborative Applicant.**

**\* Applicant agrees to participate fully with the HMIS identified by the CoC, or alternate system for domestic violence providers.**

**\* Applicant agrees to participate fully with the CoC Coordinated Entry system.**

**Additionally, the governing body of this applicant understands that:**

**\* Submission of this application and the e-snaps application is not a guarantee of funding.**

**\* Inclusion in the Atlanta CoC application to HUD also does not guarantee funding, as all final funding decisions are made by HUD.**

\* 67. Electronic Acknowledgement

Name and Title

Date



2017 Atlanta CoC Renewal Project EXPANSION Review Application

Thank you!

**Thank you for thoughtfully and thoroughly completing this application.**

**Do not forget that for this application to be considered complete, you need to submit, by email, the following documents:**

**For each Expansion Project, an agency must:**

**1. Submit this application via surveymonkey.**

**2. Email to Amy at** [**amzaremba@atlantaga.gov**](mailto:amzaremba@atlantaga.gov) **and** [**azaremba@partnersforhome.org**](mailto:azaremba@partnersforhome.org) **a quick note when the application has been submitted (and she will send a pdf version for your files);**

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**Also, as we continue through this process, please know that we may request more information, either for scoring clarification or to assist in completing the HUD CoC application.**

**Thanks, again, for all your hard work and dedication to the CoC and to people in need in our community!**